

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90776 010 ***150.00

DOCUMENT # 805448

1. Entity Name
**OLD REPUBLIC NATIONAL TITLE INSURANCE
COMPANY**



Principal Place of Business
**TITLE INSURANCE BLDG
400 SECOND AVE S.
MINNEAPOLIS, MN 55401**

Mailing Address
**TITLE INSURANCE BLDG
400 SECOND AVE S.
MINNEAPOLIS, MN 55401**



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0579050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YEAGER, R.K.
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS, MN 55401

TITLE D
NAME POPP, J.W.
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS, MN 55401

TITLE D
NAME ZUCARO, A C
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS, MN

TITLE VT
NAME CLEVELAND, J B
STREET ADDRESS 400 SECOND AVE S
CITY-ST-ZIP MINNEAPOLIS, MN

TITLE SV
NAME HORN, G.J.
STREET ADDRESS 400 SECOND AVE. S.
CITY-ST-ZIP MINNEAPOLIS, MN 55401

TITLE VPS
NAME WOLD, D.M.
STREET ADDRESS 400 SECOND AVENUE SOUTH
CITY-ST-ZIP MINNEAPOLIS, MN 55401

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John B. Cleaveland**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

(612) 371-1111

Daytime Phone #