


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 805448 1. Entity Name OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY	
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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
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-0579050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YEAGER, R.K. 400 SECOND AVE S MINNEAPOLIS, MN 55401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POPP, J.W. 400 SECOND AVE S MINNEAPOLIS, MN 55401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZUCARO, A C 400 SECOND AVE S MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CLEAVELAND, J B 400 SECOND AVE S MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV HORN, G.J. 400 SECOND AVE. S. MINNEAPOLIS, MN 55401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WOLD, D.M 400 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55401

1000000348820
05/02/05-80041-005 150.00

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Michael G. Mueller Date	04/26/05 Daytime Phone #	(612) 371-1111
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