

## 41.

**Jun 12, 2000 8:00 am**  
**Secretary of State**

[REDACTED]

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |  |                                                                                                                                                                                |  |                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # 839390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                            |  | FILED<br>Jun 12, 2000 8:00 am<br>Secretary of State<br>04-21-2000 90027 012 ***150.00                                                                                          |  |                                                                                                                 |  |
| 1. Entity Name<br>OLD REPUBLIC MINNEHOMA INSURANCE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                            |  |                                                                                                                                                                                |  |                                                                                                                 |  |
| Principal Place of Business<br>7050 S YALE AVE<br>PO BOX 470185<br>TULSA OK 74147-0185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Mailing Address<br>7050 S YALE AVE<br>PO BOX 470185<br>TULSA OK 74147-0185 |  |                                                                                                                                                                                |  |                                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 3. Mailing Address                                                         |  |                                                                                                                                                                                |  |                                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Suite, Apt. #, etc.                                                        |  | DO NOT WRITE IN THIS SPACE                                                                                                                                                     |  |                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City & State                                                               |  | 4. FEI Number<br>73-1024416                                                                                                                                                    |  | Applied For<br>Not Applicable                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country                                                                    |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                      |  | \$8.75 Additional Fee Required                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br>STATE INSURANCE COMMISSIONER<br>THE CAPITAL<br>TALLAHASSEE FL 32399                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                            |  | 7. Name and Address of New Registered Agent                                                                                                                                    |  |                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |  | Name                                                                                                                                                                           |  |                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |  | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                             |  |                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |  | City                                                                                                                                                                           |  |                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |  | FL Zip Code                                                                                                                                                                    |  |                                                                                                                 |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |                                                                                                                                                                                |  |                                                                                                                 |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                            |  |                                                                                                                                                                                |  |                                                                                                                 |  |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                            |  | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State                                                             |  | 10. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                            |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                          |  |                                                                                                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>D SCHUMANN, WILLIAM F<br>307 N MICHIGAN AVENUE<br>CHICAGO IL <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                            |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>D Adams, Paul D<br>108 Waterview Court<br>Barrington, IL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |                                                                                                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>VP RICHINS, GEORGE V<br>7050 S YALE AVE<br>TULSA OK 74147-0185 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                            |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |  |                                                                                                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>-AS WEATHERL, LUCILLE V<br>7050 S YALE AVE<br>TULSA OK 74147-0185 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                            |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |  |                                                                                                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>AT KILMER, BILL R<br>7050 S YALE<br>TULSA OK 41036 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                            |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |  |                                                                                                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>VCOO BISHOP, GARY<br>7050 S YALE AVE<br>TULSA OK <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |  |                                                                                                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>PD ZUCARO, ALDO C.<br>7050 S YALE<br>TULSA OK 74136 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                            |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |  |                                                                                                                 |  |
| 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. |  |                                                                            |  |                                                                                                                                                                                |  |                                                                                                                 |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                            |  | Bill Kilmer, Controller 4-6-00 918-494-7000                                                                                                                                    |  |                                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                            |  | Date Daytime Phone #                                                                                                                                                           |  |                                                                                                                 |  |