

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # 839390

1. Entity Name
OLD REPUBLIC SECURITY ASSURANCE COMPANY



Principal Place of Business
**8282 S. MEMORIAL DR., STE 202
TULSA, OK 74133-4352**

Mailing Address
**PO BOX 35008
TULSA, OK 74152-0008**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1024416	Applied For 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
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	TSVP
NAME	BOONE, CHARLES S
STREET ADDRESS	8282 S. MEMORIAL DR., STE 202
CITY-STATE-ZIP	TULSA, OK 741334352

TITLE	SVPS
NAME	LEROY, SPENCER III
STREET ADDRESS	8282 S. MEMORIAL DR., STE 202
CITY-STATE-ZIP	TULSA, OK 741334352

TITLE	ATC
NAME	GANT, MARY A
STREET ADDRESS	8282 S. MEMORIAL DR., STE 202
CITY-STATE-ZIP	TULSA, OK 741334352

TITLE	P
NAME	BISHOP, GARY M
STREET ADDRESS	8282 S. MEMORIAL DR., STE 202
CITY-STATE-ZIP	TULSA, OK 741334352

TITLE	CEOD
NAME	ZUCARO, ALDO C
STREET ADDRESS	8282 S. MEMORIAL DR., STE 202
CITY-STATE-ZIP	TULSA, OK 741334352

TITLE	CFO
NAME	MUELLER, KARL W
STREET ADDRESS	8282 S MEMORIAL DR., STE 202
CITY-STATE-ZIP	TULSA, OK 741334352

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Mary A Gant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07 918-307-1000x7326
Date Daytime Phone #