

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839390

FILED
Jan 05, 2011
Secretary of State

Entity Name: OLD REPUBLIC SECURITY ASSURANCE COMPANY

Current Principal Place of Business:

307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601 US

New Principal Place of Business:

Current Mailing Address:

307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601 US

New Mailing Address:

FEI Number: 73-1024416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSVP
Name: BOONE, CHARLES S
Address: 307 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601 US

Title: SVPS
Name: LEROY, SPENCER III
Address: 307 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601 US

Title: PCOO
Name: KELLOGG, JAMES A
Address: 307 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601 US

Title: SVPD
Name: RAGER, R. SCOTT
Address: 307 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601 US

Title: CFOD
Name: MUELLER, KARL W
Address: 307 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601 US

Title: CEOD
Name: ZUCARO, ALDO C
Address: 307 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60601 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED M. SAVAGLIO

VP

01/05/2011

Electronic Signature of Signing Officer or Director

Date