## **2003 FOR PROFIT CORPORATION**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							Apr 28, 2003 8:00 am Secretary of State			
DOCUMENT # 839390  1. Entity Name OLD REPUBLIC MINNEHOMA INSURANCE COMPANY						}	04-28-2003 91 450			
Principal Place of Business 7050 S YALE AVE PO BOX 470185 TULSA OK 74147-0185			Mailing Address 7050 S YALE AVE PO BOX 470185 TULSA OK 74147-0185							
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u><b>ゆ</b>の</u> 350 te, Apt. #, etc.	308		☐ CHECK HERE IF MAKING CHANGES				
City & Stat			y & State			4. FEI Numb	er 73-1024416	<del></del>	Applied For Not Applicable	
Zip	Country	Zip	-	Country		5. Certificate	of Status Desired	\$8.75 AC	dditional	
74133-			53-0008	<del></del>		<u> </u>		Fee Requir	ed	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
STATE INSURANCE COMMISSIONER THE CAPITAL,				Str	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHAS	SSEE FL 32399									
		•		Cit	у			FL Zip Co	de	
	named entity submits this statement folions of registered agent.			egistered offi	ice or registere	ed agent, or bo			, and accept	
	Signature, typed or printed name of registered agent	and title if ap	plicable. (NOTE:	Registered Agent	t signature required	when reinstating)		DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State					ection Campaign Financin ust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11.		ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME	TSVP BOONE, CHARLES S		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	7050 S YALE TULSA OK			STREET ADDI		<u>a s.</u> n sa O <i>K</i>	nemorial Dri	•	te 202	
TITLE	VP		Delete	TITLE	141	2cc _OV	11/53-750	⊃ at Change	Addition	
name Street address City-\$t-Zip	RICHINS, GEORGE V 7050 S YALE AVE TULSA OK 74147-0185		•	NAME Street addi City-St-Zif	,					
TITLE	AS		☐ Delete	TITLE			,	X Change	Addition	
name Street address	WEATHERL, LUCILLE V 7050 S YALE AVE	°. >————————————————————————————————————	are and a second	STREET ADDI	RESS RA 2	a_S_r	nemorial Dr		ite 202	
CITY-ST-ZIP	TULSA OK 74147-0185			CITY-ST-ZIF	T	-	74133-435	•		
TITLE NAME	AT KILMER, BILL R		☐ Delete	TITLE NAME	Kiln		Jilliam, III	<b>⊠</b> Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7050 S YALE TULSA OK 41036			STREET ADDI	. 1		emorial Drive	e Suite	703	
TITLE	VC00		☐ Delete	TITLE	Pres	sident	74133-4352	Change	Addition	
name Street address	BISHOP, GARY 7050 S YALE AVE			NAME Street addr		op, bary	m emorial_Drive	7.	_	
CITY-ST-ZIP	TULSA OK		<del></del>	CITY-ST-ZIP	,					
TITLE NAME	<del> P</del> D   <b>ZUCARO, ALDO C</b> .		☐ Defete	TITLE Name		zro, Aldo		🔀 Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 attantment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS 7050 S YALE

TULSA OK 74136

STREET ADDRESS 8282 S Memorial Drive

918.307.1000 X7 20