FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849652

1. Entity Name
Old Republic General Insurance Corporation

FILED
09 MAY 13 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
307 North Michigan Avenue	PO Box 789
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chicago, IL	City & State: Greensburg, PA
Zip: 60601 Country:	Zip: 15601-0789 Country:

4. FEI Number: 36-6067575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: The Prentice Hall Corporation System Inc.

Street Address (P.O. Box Number is Not Acceptable): Marcia A Havner

12101 Hays Street

City: Tallahassee, FL Zip Code: 32301

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: Assistant Controller
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	Director	TITLE	
NAME	Zucaro, Aldo C	NAME	
STREET ADDRESS	307 North Michigan Avenue	STREET ADDRESS	000155899140
CITY-ST-ZIP	Chicago, IL 60601	CITY-ST-ZIP	05/13/09--01034--011 **150.00
TITLE	Secretary	TITLE	
NAME	LeRoy, Spencer	NAME	
STREET ADDRESS	307 North Michigan Avenue	STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Savaglio, Fred M	NAME	
STREET ADDRESS	307 North Michigan Avenue	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Chicago, IL 60601	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Boone, Charles	NAME	IN THIS SPACE
STREET ADDRESS	307 North Michigan Avenue	STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Kellogg, James A	NAME	
STREET ADDRESS	307 North Michigan Avenue	STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

4/13/14

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David C Kostenbad Assistant Controller — 4/16/09 — 724-834-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #