

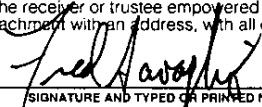


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90192 032 ***150.00

DOCUMENT # F03000005429 1. Entity Name OLD REPUBLIC LIFE INSURANCE COMPANY					
Principal Place of Business 307 N. MICHIGAN AVE. CHICAGO, IL 60601			Mailing Address 307 N. MICHIGAN AVE. CHICAGO, IL 60601		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center; font-size: 1.2em; margin-bottom: 10px;">40015470</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04242006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div> 4. FEI Number 36-1577440 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="display: flex; justify-content: space-between;"> City FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ZUCARO, ALDO C 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF MUELLER, KARL W 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MUELLER, KARL W. 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC LEROY, SPENCER III 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEROY, SPENCER III 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT BOONE, CHARLES S 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOONE, CHARLES S. 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAT SAVAGLIO, FRED 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAVAGLIO, FRED M. 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MUELLER, KARL W 307 N. MICHIGAN AVE. CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MILAZZO, LEONARD S. 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	
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: 			FRED M. SAVAGLIO		APRIL 19, 2006 (312)762-4307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #