

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
emailee 00591 proof 1114/21 00.				
broof old				
11/4/21 00.				
W21006139793				
Office Use Only				



400375048304

10/18/21--01028--007 **87.50

2621 NOV -4 PH 6: 51

S. FRANKLIN NOV 0 4 2021

COVER LETTER

	gistration Section vision of Corporations					
SUBJEC	T: Old Republic Title Company					
Name of corporation - must include suffix						
Dear Sir or	· Madam:	•				
"Certificate		f Good Stand	Authorization to Transact Business in Floric ling" and check are submitted to register the s in Florida.			
Please retu	rn all correspondence concerning	this matter	to the following:			
Khris Manu	el					
		Name of F	Person			
Old Republ	ic Title Company					
		Firm/Comp	pany			
524 Gibson	Dr.	•		222		
		Addre	ss .	282 NOV -		
Roseville, C	CA 95678			7		
 -		City/State an		مئد		
Kmanuel@	ortc.com			PH		
	E-mail address: (to be used for	or future annual report notification)	ည <u>တ</u> ဲ့		
For further	information concerning this mat	ter, please ca	all:			
Khris Manu	uel at	916	781-7369			
N	ame of Person	Area Code				
Re Di Th 24	REET/COURIER ADDRESS: egistration Section vision of Corporations te Centre of Tallahassee 15 N. Monroe Street, Suite 810 Hahassee, FL 32303	•	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	s a check for the following amous check payable to: FLORIDA DEP Filing Fee	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & \$87.50 Filing Certified Copy Certificate of Certified Cop	Status &		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Old Republic Ti	•		
(Enter name of course," "Co.," "Co.," "Co.,"	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	7 39
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)
2. California	• 3	94-1692173	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. March 13, 1969	3		
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
6			
<u></u>	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	ty)
7 11999 Xenia Lan	e, Orlando, FL 32827		
··	(Principal offi	ice street address)	
524 Gibson Drive	e, Roseville, CA 95678		~3
	(Current mailin	ng address, if different)	2
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	121 NOV -1
Name:	C T Corporation System		+ PH
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stephanie Ticco Stephanie Picco, Assistant Secretary (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: ___ Robin D. Kernutt □ Chairman Name: Chairman □ Vice Chairman Address: □Vice Chairman Address: ____ 1855 Gateway Blvd, Ste 200 Carmel Executive □Director Director Concord, CA 46003 3855 Via Nona Marie, Ste 204 ☐ President ■ President Carmel, CA 93923 ☐ Vice President ☐ Vice President Treasurer ☐ Secretary Treasurer □Secretary □Other _____ □ Other _____ □ Other _____ ☐ Other _____ Name: Samuel A. Carlisi Name: _____ Chairman Chairman Address: _____ ☐ Vice Chairman ☐ Vice Chairman Address: _____ 225 Battery Street, Ste 1500 1855 Gateway Blvd, Ste 200 Director □ Director San Francisco, CA 94111 Concord, CA 46003 □ President President ☐ Vice President □Vice President ______ □ Treasurer □ Secretary ☐Treasurer □ Secretary Chief Operating Officer

Other Controller
Other ☐Other ______ Name: _____ Chairman ☐ Chairman □Vice Chairman Address: ____ □Vice Chairman Address: _____ 225 Battery Street, Ste 1500 Director Director San Francisco, CA 94111 □President President ☐ Vice President ☐ Vice President _____ □Treasurer □ Secretary ☐ Treasurer ☐ Secretary Other_____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when string your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director gining this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. TOHN TICK DOJA SECTETARY & GRPORATE COUNSEL (Typed or printed name and capacity of person signing application)



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: OLD REPUBLIC TITLE COMPANY

File Number: C0564951 Registration Date: 03/13/1969

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of November 3, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 4, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

4 PM 6:51

Certificate Verification Number: R46GGEY