

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # F94000001377

1. Entity Name
OLD REPUBLIC INSURED AUTOMOTIVE SERVICES, INC.



Principal Place of Business
**8282 S MEMORIAL DRIVE
STE 202
TULSA, OK 74133-4352**

Mailing Address
**P.O. BOX 35008
TULSA, OK 74153**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1030486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BISHOP, GARY M
STREET ADDRESS	8282 S MEMORIAL DRIVE STE 202
CITY-ST-ZIP	TULSA, OK 74133
TITLE	DCEO
NAME	ZUCARO, ALDO C
STREET ADDRESS	8282 S MEMORIAL DRIVE STE 202
CITY-ST-ZIP	TULSA, OK 741334352
TITLE	SD
NAME	SPENCER, LEROY III
STREET ADDRESS	8282 S MEMORIAL DRIVE STE 202
CITY-ST-ZIP	TULSA, OK 741334352
TITLE	TSVP
NAME	BOONE, CHARLES S
STREET ADDRESS	8282 S. MEMORIAL DRIVE STE 202
CITY-ST-ZIP	TULSA, OK 741334352
TITLE	AT/C
NAME	GANT, MARY A
STREET ADDRESS	8282 S MEMORIAL DRIVE STE 202
CITY-ST-ZIP	TULSA, OK 741334352
TITLE	CFO
NAME	MUELLER, KARL W
STREET ADDRESS	8282 S MEMORIAL DRIVE STE 202
CITY-ST-ZIP	TULSA, OK 741334352

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03/07/07-80035-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Mary A. Gant
Mary A. Gant

2/8/07
2/8/07

918-307-1000
918-307-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X7329