2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# F94000001377

Entity Name: OLD REPUBLIC INSURED AUTOMOTIVE SERVICES, INC.

Current Principal Place of Business:

8282 S MEMORIAL DRIVE
STE 202
TULSA, OK 741334352

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 35008
TULSA, OK 74153

New Mailing Address:

FEI Number: 73-1030486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BISHOP, GARY M	
Address:	8282 S MEMORIAL DRIVE STE 202	
City-St-Zip:	TULSA, OK 74133	
Title:	DCEO	( ) Delete
Name:	ZUCARO, ALDO C	
Address:	8282 S MEMORIAL DRIVE STE 202	
City-St-Zip:	TULSA, OK 741334352	
Title:	SD	( ) Delete
Name:	SPENCER, LEROY III	
Address:	8282 S MEMORIAL DRIVE STE 202	
City-St-Zip:	TULSA, OK 741334352	
Title:	TSVP	( ) Delete
Name:	BOONE, CHARLES S	
Address:	8282 S. MEMORIAL DRIVE STE 202	
City-St-Zip:	TULSA, OK 741334352	
Title:	AT/C	( ) Delete
Name:	GANT, MARY A	
Address:	8282 S MEMORIAL DRIVE STE 202	
City-St-Zip:	TULSA, OK 741334352	
Title:	CFO	( ) Delete
Name:	MUELLER, KARL W	
Address:	8282 S MEMORIAL DRIVE STE 202	
City-St-Zip:	TULSA, OK 741334352	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A. GANT AT/C 01/07/2008
Electronic Signature of Signing Officer or Director — Date