

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002794

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: OLD REPUBLIC HOME PROTECTION COMPANY, INC.

## Current Principal Place of Business:

2 ANNABEL LANE #112  
SAN RAMON, CA 94583

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 5017  
SAN RAMON, CA 94583

## New Mailing Address:

FEI Number: 94-2250534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: GALLAGHER, GWEN M  
Address: 2 ANNABEL LANE #112  
City-St-Zip: SAN RAMON, CA 94583

Title: ST ( ) Delete  
Name: BEATY, JAMES S  
Address: 3000 CLAYTON ROAD #201  
City-St-Zip: CONCORD, CA 94519

Title: VC ( ) Delete  
Name: ZUCARO, ALDO C  
Address: 307 NORTH MICHIGAN AVENUE  
City-St-Zip: CHICAGO, IL 60601

Title: D ( ) Delete  
Name: STEINER, ARNOLD L  
Address: 307 NORTH MICHIGAN AVENUE  
City-St-Zip: CHICAGO, IL 606015382

Title: VP ( ) Delete  
Name: MELLO, LORNA  
Address: 2 ANNABEL LANE 112  
City-St-Zip: SAN RAMON, CA 94583

Title: D ( ) Delete  
Name: BISCHOF, HARRINGTON  
Address: 1250 SOUTH GROVE ST # 200  
City-St-Zip: BARRINGTON, IL 60010

## 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 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: LORNA MELLO

VP

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date