FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07676** **(0)**

1. Corporation Name
OLD REPUBLIC UNION INSURANCE COMPANY

Principal Place of Business
650 SOUTH MCDONOUGH STREET
MONTGOMERY AL 36104

Mailing Address
650 SOUTH MCDONOUGH STREET
MONTGOMERY AL 36104

3. Date Incorporated or Qualified: 10/08/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 36-3765116 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
MONROE ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TYPE	CD	☐ DELETE
NAME	STOVER, WILLIAM R.	
STREET ADDRESS	307 NORTH MICHIGAN AVE.	
CITY, ST, ZIP	CHICAGO IL	
TYPE	VSD	☐ DELETE
NAME	JORDAN, CHARLES D.	
STREET ADDRESS	650 SOUTH MCDONOUGH ST.	
CITY, ST, ZIP	MONTGOMERY AL	
TYPE	PT	☐ DELETE
NAME	ADAMS, PAUL	
STREET ADDRESS	307 N MICHIGAN AVE	
CITY, ST, ZIP	CHICAGO IL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 hereunder, if an officer or director listed with an address.

SIGNATURE: Charles D. Jordan — 2-21-96 — 334-263-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #