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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # P07676 (0) OLD REPUBLIC UNION INSURANCE COMPANY | | | | | I MERINTEN DU BRINI DEUD BONN IBRIT A | | | |
|--|---|---|---|--|---|-------------------|---|--|
| Principal Place of Business Mailing Address | | | | | | | | |
| 650 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104 | | 650 SOUTH MCDONOUGH STREET MONTGOMERY AL 36104-5812 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 10/08/1985 | 1 | le of Last F 8/1996 | Report |
| 2. Principal Pia | ice of Business | 2a. Mailing Address | | | 4. FEI Number 36-3765116 | | _ | oplied For |
| 21 Suite, Apt #, etc 22 | | 26 Suite, Apt. #, etc. 27 | | | Certificate of Status Desired Status Desired Status Desired Status Desired Fee Required | | | |
| | | | | | | | | |
| Orty & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| 23 Zipi | Country | 28 Zip | Countr | у | This corporation has liability for | r intangible l | | |
| 24 | 25] | 29 | 30 | | Florida Statutes | Yes [| XX 0 | |
| | 9, Name and Address of Curre | | 81 | I Name | 10. Name and Address of New F | legistered A | gent | |
| FLORIDA INSURANCE COMMISSIO THE CAPITOL BUILDING MONROE ST. | | INER | L | | | | | |
| | | | 82 | Street Add | et Address (P.O. Box Number is Not Acceptable) | | | |
| | AHASSEE FL 32301 | | 83 | 3 | | | | |
| | | | 84 | l Cily | | FL | 85 Zip | Code |
| office or re- | gistereti agent or pout, in the Siai | te of Florida, Such change wa | s authorized b | ov the corpora | rporation submits this statement for the ation's board of directors. I hereby acc | ept the appo | житиви ав | registered |
| office or re agent 1 am SIGNATURE 5 | i familiar with and accept the obli- goater, typed or posted name of registered a | gations of, Section 607.0505, I | Florida Statute | by the corporates. | ation's board of directors. I hereby acc | DATE | | |
| office or reagent 1 am SIGNATURE 5 | i familiar with and accept the obti- egosters, typed or pleated name of ogsstered a OFFICERS AI | gations of, Section 607.0505, | Florida Statute | by the corporates. | ation's board of directors. I hereby acc | DATE ICERS AND | | |
| office or regagent it am SIGNATURE 5 12. | i familiar with and accept the obli- goater, typed or posted name of registered a | gations of, Section 607.0505, i gent and trie if applicable INI ND DIRECTORS | Florida Statute OTE Registered Ac | by the corpora es. gent signature requ | ation's board of directors. I hereby acc | DATE ICERS AND | DIRECTOR | RS IN 12 |
| office or regagent. Fam. SIGNATURE 5 12. TITLE NAME. | i familiar with and accept the obti- ignative, typical or product name of tografical a OFF ICERS AI CD STOVER, WILLIAM R. 307 NORTH MICHIGAN AVE. | gations of, Section 607.0505, i gent and trie if applicable INI ND DIRECTORS | OTE Registered Ac 13. 1.1 TITLE 1.2 NAME | by the corpora es. gent signature requ | ation's board of directors. I hereby acc | DATE ICERS AND | DIRECTOR | RS IN 12 |
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SIGNATURE:

Charles D. Jordan

4-28-97

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May 07 1997 8:00am

Secretary of State