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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1985

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME STOVER, WILLIAM R.
STREET ADDRESS 307 NORTH MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE VSD
NAME JORDAN, CHARLES D.
STREET ADDRESS 650 SOUTH MCDONOUGH ST.
CITY-ST-ZIP MONTGOMERY AL

TITLE PT
NAME ADAMS, PAUL
STREET ADDRESS 307 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Aldo C. Zucaro
1.3 STREET ADDRESS 307 N. Michigan Ave.
1.4 CITY-ST-ZIP Chicago, IL 60601

2.1 TITLE Secretary
2.2 NAME Spencer LeRoy
2.3 STREET ADDRESS 307 N. Michigan Ave.
2.4 CITY-ST-ZIP Chicago, IL 60601

3.1 TITLE Vice President
3.2 NAME Paul Adams
3.3 STREET ADDRESS 307 N. Michigan Ave.
3.4 CITY-ST-ZIP Chicago, IL 60601

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE

James S. Mortham

6-22-98 224 262 2288

CR2E034 (10/97)