

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90154 016 ***150.00

DOCUMENT # **P07676**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 307 NORTH MICHIGAN AVE

2a. Mailing Address

26 307 NORTH MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CHICAGO, ILLINOIS

City & State

28 CHICAGO, ILLINOIS

Zip Country

24 60601

Zip Country

29 60601

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 ☐ DELETE

**P
NAME ZUCARO, ALDO C
STREET ADDRESS 307 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL 60601**

TITLE ☐ DELETE

**S
NAME LEROY, SPENCER
STREET ADDRESS 307 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL 60601**

TITLE ☐ DELETE

**VP
NAME ADAMS, PAUL
STREET ADDRESS 307 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL 60601**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Paul Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SENIOR VICE PRESIDENT

3/12/99

(312) 346-8100

Date

Daytime Phone #

CR2E034 (1/98)