

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P07676

1. Entity Name
OLD REPUBLIC UNION INSURANCE COMPANY



Principal Place of Business
307 NORTH MICHIGAN AVE
CHICAGO, IL 60601 US

Mailing Address
307 NORTH MICHIGAN AVE
CHICAGO, IL 60601 US



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3765116
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SAVGLIO, FRED M
307 NORTH MICHIGAN AVE.
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BOONE, CHARLES S
307 N. MICHIGAN AVE.
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KELLOGG, JAMES A
307 N. MICHIGAN AVE.
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000107131
04/09/04-80002-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Savaglio* FRED M. SAVAGLIO VICE PRESIDENT 4/02/04 (312) 762-4307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #