


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # PQ7676 1. Entity Name OLD REPUBLIC UNION INSURANCE COMPANY	
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Principal Place of Business 307 NORTH MICHIGAN AVE CHICAGO, IL 60601 US	Mailing Address 307 NORTH MICHIGAN AVE CHICAGO, IL 60601 US
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3765116	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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UD0000298568
04/11/05-80074-003 150.00

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** 4/07/05 (312) 762-4307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #