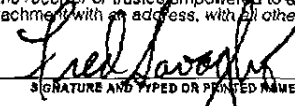


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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
DO NOT WRITE IN THIS SPACE		
		04252006 No Chg-P CR2E034 (11/05)
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Daytime Phone # _____		



U00000554867
05/18/06-80011-010 150.00

**DO NOT WRITE
IN THIS SPACE**