


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P07676 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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04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3765116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 SAVGLO, 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	

<p>U00000741528 05/15/07-80032-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4/25/07 (312) 762-4307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #