

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
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



01172008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000853853
03/26/08-80084-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZUCARO, ALDO C
STREET ADDRESS	307 N MICHIGAN AVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	S
NAME	LEROY, SPENCER
STREET ADDRESS	307 N MICHIGAN AVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VP
NAME	SAVGILIO, FRED M
STREET ADDRESS	307 NORTH MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	T
NAME	BOONE, CHARLES S
STREET ADDRESS	307 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	P
NAME	KELLOGG, JAMES A
STREET ADDRESS	307 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/06/08

Date

(312) 762-4307

Daytime Phone #