FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25170** **(2)**

1. Corporation Name
OLD REPUBLIC SURETY COMPANY

Principal Place of Business	Mailing Address
445 SOUTH MOORLAND RD. BROOKFIELD WI 53005	445 SOUTH MOORLAND RD. BROOKFIELD WI 53005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/13/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **39-1395491** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSINER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEE, JAMES ELMER	12 NAME	
STREET ADDRESS	445 S. MOORLAND	13 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI 53005	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BECK, JAMES CARL	22 NAME	
STREET ADDRESS	445 S. MOORLAND	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI 53005	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	ZUCARO, ALDO CHARLES	32 NAME	
STREET ADDRESS	307 N. MICHIGAN AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	MORTAG, PATRICIA ANN	42 NAME	
STREET ADDRESS	445 S. MOORLAND	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI 53005	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MENZEL, DAVID GEORGE	52 NAME	
STREET ADDRESS	445 S. MOORLAND	53 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI 53005	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	NELSON, KENNETH NEAL	62 NAME	
STREET ADDRESS	11201 DOUGLAS AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA 50322	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.A. Johnson, V.P./Controller — 4/29/95 — (414) 797-2646
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0478884 FP