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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 53005-4254

3. Date Incorporated or Qualified: **07/13/1989**
3a. Date of Last Report: **04/30/1996**

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 / Country 24 / 25 Waukesha	Zip / Country 29 / 30 Waukesha

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEE, JAMES ELMER		1.2 NAME		
STREET ADDRESS	445 S. MOORLAND		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI 53005		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BECK, JAMES CARL		2.2 NAME		
STREET ADDRESS	445 S. MOORLAND		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI 53005		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZUCARO, ALDO CHARLES		3.2 NAME		
STREET ADDRESS	307 N. MICHIGAN AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICK A. JOHNSON		4.2 NAME		
STREET ADDRESS	445 S. MOORLAND ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Vice President/Director	☐ Change ☐ Addition
NAME	MENZEL, DAVID GEORGE		5.2 NAME		
STREET ADDRESS	445 S. MOORLAND		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI 53005		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	NELSON, KENNETH NEAL		6.2 NAME	Jess J. Wadle	
STREET ADDRESS	11201 DOUGLAS AVE.		6.3 STREET ADDRESS	445 S. Moorland Road	
CITY-ST-ZIP	URBANDALE IA 50322		6.4 CITY-ST-ZIP	Brookfield, WI 53005	

CR2E034 (9/96)

14. I do 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 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: [signature] 4/10/97 (414) 797-2640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David G. Menzel, Vice President/Asst. Treasurer

0480645