2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P25170

Entity Name: OLD REPUBLIC SURETY COMPANY

Current Principal Place of Business:

445 SOUTH MOORLAND RD.
BROOKFIELD, WI 53005

New Principal Place of Business:

445 SOUTH MOORLAND RD.
301
BROOKFIELD, WI 53005

Current Mailing Address:

445 SOUTH MOORLAND RD.
BROOKFIELD, WI 53005

New Mailing Address:

445 SOUTH MOORLAND RD.
301
BROOKFIELD, WI 53005

FEI Number: 39-1395491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEE, JAMES E PRES
Address: 445 S. MOORLAND
City-St-Zip: BROOKFIELD, WI 53005

Title: SVP ( ) Delete
Name: JANKOWSKI, MICHAEL A
Address: 445 S. MOORLAND ROAD
City-St-Zip: BROOKFIELD, WI 53005

Title: TD ( ) Delete
Name: ZUCARO, ALDO C TREAS
Address: 307 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60601

Title: VP ( ) Delete
Name: JOHNSON, RICK A VP
Address: 445 S. MOORLAND ROAD
City-St-Zip: BROOKFIELD, WI 53005

Title: VPD ( ) Delete
Name: MENZEL, DAVID G VP
Address: 445 S. MOORLAND
City-St-Zip: BROOKFIELD, WI 53005

Title: S ( ) Delete
Name: LEROY, SPENCER III
Address: 307 MICHIGAN AVE
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. MENZEL VPD 04/29/2004
Electronic Signature of Signing Officer or Director — Date