

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 805448

**FILED**  
**Jan 20, 2014**  
**Secretary of State**  
**CC7269338375**

**Entity Name:** OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

TITLE INSURANCE BLDG  
400 SECOND AVE S.  
MINNEAPOLIS, MN 55401

**Current Mailing Address:**

TITLE INSURANCE BLDG  
400 SECOND AVE S.  
MINNEAPOLIS, MN 55401 US

**FEI Number: 41-0579050**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BILBREY, MARK  
Address         400 SECOND AVE S  
City-State-Zip: MINNEAPOLIS MN 55401

Title            D  
Name            YEAGER, RANDE K  
Address         400 SECOND AVE S  
City-State-Zip: MINNEAPOLIS MN 55401

Title            D  
Name            ZUCARO, A C  
Address         307 NORTH MICHIGAN AVE  
City-State-Zip: CHICAGO IL 60601

Title            1ST VP, T  
Name            TARPEY, MICHAEL T  
Address         400 SECOND AVE S  
City-State-Zip: MINNEAPOLIS MN 55401

Title            SVP, SECRETARY  
Name            WOLD, DANIEL M  
Address         400 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55401

Title            SVP, CFO  
Name            LIESER, CHRIS G  
Address         400 SECOND AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55401

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL T. TARPEY**

**1ST VP & TREASURER**

**01/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date