

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805448

FILED
Jan 14, 2013
Secretary of State
CC1905831140

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: No

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	ZUCARO, A C
Address	307 NORTH MICHIGAN AVE
City-State-Zip:	CHICAGO IL 60601
Title	EVCF
Name	HORN, GARY J
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	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

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, T

01/14/2013

Electronic Signature of Signing Officer/Director Detail

Date