

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839390

Entity Name: OLD REPUBLIC SECURITY ASSURANCE COMPANY**Current Principal Place of Business:**307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601**Current Mailing Address:**307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601 US**FEI Number: 73-1024416****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
P.O.BOX 6200 (32314-6200)
TALLAHASSEE, FL 32399-0000 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	VP, DIRECTOR, SECRETARY
Name	DARE, THOMAS A
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	PRESIDENT, COO, TREASURER, DIRECTOR
Name	GRAY, WI. TODD
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	CFO, VP, DIRECTOR
Name	SODARO, FRANK J
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR, CEO
Name	SMIDDY, CRAIG R
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR, VP
Name	OBERST, STEPHEN J.
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	VP
Name	LANGE, JEFFREY P
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

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: FRANK J. SODARO**CFO****03/12/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date