2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2017
Secretary of State
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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	TSVP
Name	BOONE, CHARLES S
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	SVD
Name	DARE, THOMAS A
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR
Name	RAGER, RICHARD S
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	PRESIDENT
Name	GRAY, WILLIAM T
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	CFOD
Name	MUELLER, KARL W
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	CEOD
Name	ZUCARO, ALDO C
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR
Name	SMIDDY, CRAIG R
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: WILLIAM T. GRAY PRESIDENT 05/01/2017

Electronic Signature of Signing Officer/Director Detail — Date