

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000589

**Entity Name:** OLD REPUBLIC EXCHANGE FACILITATOR CO.**Current Principal Place of Business:**500 YGNACIO VALLEY RD  
SUITE 110  
WALNUT CREEK, CA 94596**Current Mailing Address:**400 2ND AVE. S.  
MINNEAPOLIS, MN 55401 US**FEI Number:** 94-3186495**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PIERCE, SCOTT  
1410 N. WESTSHORE BLVD.  
STE 800  
TAMPA, FL 33607 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	PD
Name	DE MARTINI, LORI
Address	500 YGNACIO VALLEY RD
City-State-Zip:	WALNUT CREEK CA 94596

Title	S
Name	WOLD, DANIEL M
Address	400 2ND AVE. S.
City-State-Zip:	MINNEAPOLIS MN 55401

Title	VPT
Name	TARPEY, MICHAEL T
Address	400 2ND AVE. S.
City-State-Zip:	MINNEAPOLIS MN 55401

Title	EVPD
Name	CONNOR, PAT
Address	141 EAST TOWN STREET, STE. 100
City-State-Zip:	COLUMBUS OH 43215

Title	SVP, D
Name	LIESER, CHRIS G
Address	3000 BAYPORT DR., STE 1000
City-State-Zip:	TAMPA FL 33607

*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 TARPEY****TREASURER****01/22/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date