

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002598

Entity Name: OLD REPUBLIC CONTRACTORS INSURANCE AGENCY, INC.**Current Principal Place of Business:**307 NORTH MICHIGAN AVENUE
CHICAGO, IL 60601**Current Mailing Address:**225 S. LAKE AVE.
SUITE 900
PASADENA, CA 91101 US**FEI Number: 36-3650618****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	TREASURER
Name	SODARO, FRANK J
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

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

Title	CFO
Name	GROENEWEG, TROY N
Address	225 S LAKE AVE SUITE 900
City-State-Zip:	PASADENA CA 91101

Title	PRESIDENT AND CHIEF OPERATING OFFICER
Name	GRAY, TODD
Address	307 NORTH MICHIGAN AVENUE
City-State-Zip:	CHICAGO IL 60601

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

Title	SVP/CHIEF UNDERWRITING OFFICER
Name	KRUSE, CHRISTINE M
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: TROY N GROENEWEG**CFO****02/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date