

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002598

Entity Name: OLD REPUBLIC CONSTRUCTION INSURANCE AGENCY, INC.**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: 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 PCEO
Name MILES, JOAN
Address 307 NORTH MICHIGAN AVENUE
City-State-Zip: CHICAGO IL 60601

Title TC
Name SAVAGLIO, FRED M
Address 307 NORTH MICHIGAN AVENUE
City-State-Zip: CHICAGO IL 60601

Title SECR
Name LEROY, SPENCER III
Address 307 NORTH MICHIGAN AVENUE
City-State-Zip: CHICAGO IL 60601

Title AS
Name DASSO, WILLIAM J
Address 307 NORTH MICHIGAN AVENUE
City-State-Zip: CHICAGO IL 60601

Title DIRE
Name KELLOGG, JAMES A
Address 307 NORTH MICHIGAN AVENUE
City-State-Zip: CHICAGO IL 60601

Title DIRE
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

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****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date