

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001377

Entity Name: OLD REPUBLIC INSURED AUTOMOTIVE SERVICES, INC.**Current Principal Place of Business:**8282 S MEMORIAL DRIVE
STE 202
TULSA, OK 74133-4352**Current Mailing Address:**P.O. BOX 35008
TULSA, OK 74153**FEI Number: 73-1030486****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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	PRESIDENT
Name	CESCON, MICHAEL L
Address	8282 S MEMORIAL DRIVE STE 202
City-State-Zip:	TULSA OK 74133

Title	DCEO
Name	ZUCARO, ALDO C
Address	8282 S MEMORIAL DRIVE STE 202
City-State-Zip:	TULSA OK 74133-4352

Title	SECRETARY
Name	HEITKAMP, JOHN R JR.
Address	8282 S MEMORIAL DRIVE STE 202
City-State-Zip:	TULSA OK 74133-4352

Title	TSVP
Name	BOONE, CHARLES S
Address	8282 S. MEMORIAL DRIVE STE 202
City-State-Zip:	TULSA OK 74133-4352

Title	AT/C
Name	GANT, MARY A
Address	8282 S MEMORIAL DRIVE STE 202
City-State-Zip:	TULSA OK 74133-4352

Title	CFO
Name	MUELLER, KARL W
Address	8282 S MEMORIAL DRIVE STE 202
City-State-Zip:	TULSA OK 74133-4352

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: MARY GANT**SENIOR VICE PRESIDENT 03/24/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date