

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005099

**Entity Name:** OLD REPUBLIC DIVERSIFIED SERVICES, INC.

**Current Principal Place of Business:**

400 SECOND AVE SOUTH  
MINNEAPOLIS, MN 55401

**Current Mailing Address:**

400 SECOND AVE SOUTH  
MINNEAPOLIS, MN 55401

**FEI Number: 41-1314351**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LAYTON, ELAINE L  
1408 NORTH WESTSHORE BLVD - STE. 900  
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 P, D  
Name CONNOR, PATRICK  
Address 3000 BAYPORT DRIVE, SUITE 1000  
City-State-Zip: TAMPA FL 33607

Title DS, VP  
Name WOLD, DANIEL M  
Address 400 SECOND AVE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55401

Title VP  
Name TARPEY, MICHAEL T  
Address 400 SECOND AVE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55401

Title EVP, D  
Name ROSSI, WILLIAM  
Address FOSTER PLAZA VI, 681 ANDERSON  
DRIVE, 6TH FLOOR  
City-State-Zip: PITTSBURGH PA 15220

Title VP, TREASURER  
Name CORBETT, BEN  
Address 400 SECOND AVE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55401

*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**

**SENIOR VP**

**01/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date