

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005099

**FILED**  
**Jan 14, 2013**  
**Secretary of State**  
**CC1886695690**

**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: No**

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

PIERCE, SCOTT  
1410 N. WESTSHORE BLVD,  
SUITE 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 P, D  
Name CONNOR, PATRICK  
Address 141 EAST TOWN STREET, STE 101  
City-State-Zip: COLUMBUS OH 43215

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

Title DSVP  
Name HORN, GARY J  
Address 400 SECOND AVE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55401

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

Title D  
Name YEAGER, RANDE K  
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 T. TARPEY**

**TREASURER**

**01/14/2013**

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

\_\_\_\_\_  
Date