

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833388

**Entity Name:** OAKWOOD INSURANCE COMPANY

**Current Principal Place of Business:**

2908 POSTON AVENUE  
NASHVILLE, TN 37203-1312

**Current Mailing Address:**

628 HEBRON AVENUE  
SUITE 106  
GLASTONBURY, CT 06033-5018 US

**FEI Number:** 62-0929818

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINS ST  
TALLAHASSEE, FL 32399-0000 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 WASSERMAN, WALTER N  
Address 628 HEBRON AVENUE  
SUITE 106  
City-State-Zip: GLASTONBURY CT 06033-5018

Title EXECUTIVE VICE PRESIDENT,  
GENERAL COUNSEL, SECRETARY  
Name REPASY, CHRISTINE H  
Address 628 HEBRON AVENUE  
SUITE 106  
City-State-Zip: GLASTONBURY CT 06033-5018

Title SENIOR VICE PRESIDENT, CFO  
Name TERELMES, MICHAEL R  
Address 628 HEBRON AVENUE  
SUITE 106  
City-State-Zip: GLASTONBURY CT 06033-5018

Title CHAIRMAN  
Name KENSIL, BRIAN E  
Address 628 HEBRON AVENUE  
SUITE 106  
City-State-Zip: GLASTONBURY CT 06033-5018

Title VICE PRESIDENT AND COMPLIANCE  
OFFICER  
Name POWERS, LORI M  
Address 628 HEBRON AVENUE  
SUITE 106  
City-State-Zip: GLASTONBURY CT 06033-5018

*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:** LORI M. POWERS

**VP AND COMPLIANCE  
OFFICER**

**04/01/2014**

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

\_\_\_\_\_  
Date