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

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

	Electronic Signature of Registered Agent		I
Officer/Director Detail :			
Title	PCEO	Title	VP, SECRETARY
Name	WASSERMAN, WALTER N	Name	POWERS, LORI M
Address	628 HEBRON AVENUE SUITE 106	Address	628 HEBRON AVENUE SUITE 106
City-State-Zip:	GLASTONBURY CT 06033-5018	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		

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.

FEI Number: 62-0929818

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINS ST

TALLAHASSEE, FL 32399-0000 US

Current Mailing Address:

SUITE 106

GLASTONBURY, CT 06033-5018 US

628 HEBRON AVENUE

Entity Name: OAKWOOD INSURANCE COMPANY

DOCUMENT# 833388

Current Principal Place of Business:

2908 POSTON AVENUE NASHVILLE. TN 37203-1312

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2018 Secretary of State CC2784930281

Certificate of Status Desired: Yes

SECRETARY

01/17/2018

Date

Date