

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002213

FILED
Jan 15, 2021
Secretary of State
5696255924CC

Entity Name: OBI NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

605 HIGHWAY 169 NORTH
SUITE 800
PLYMOUTH, MN 55441

Current Mailing Address:

605 HIGHWAY 169 NORTH
SUITE 800
PLYMOUTH, MN 55441 US

FEI Number: 45-2871218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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 DIRECTOR, PRESIDENT
Name MILLER, T MICHAEL
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title DIRECTOR, SVP, CAO, TREASURER
AND CONTROLLER
Name TREACY, JOHN C
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title SVP AND CHIEF INFORMATION
OFFICER
Name BANSAL, VINEET
Address ONE STATE STREET PLAZA
FLOOR 31
City-State-Zip: NEW YORK NY 10004

Title SVP AND CHIEF UNDERWRITING
OFFICER
Name BREHM, PAUL J.
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title SECRETARY
Name BARROW, KARA L.B.
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title DIRECTOR
Name TULLIS, MARK A.
Address 700 UNIVERSITY AVENUE
City-State-Zip: TORONTO ONTARIO M5G 0A1

Title DIRECTOR
Name MARCOTTE, LOUIS
Address 2020 BOULEVARD ROBERT-
BOURASSA
City-State-Zip: MONTREAL QUEBEC H3A 2A5

Title DIRECTOR AND CHIEF OPERATIONS
OFFICER
Name O'LEARY, LYNN A.
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

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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: KARA L.B. BARROW

SECRETARY

01/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GALLAGHER, ROBERT C.
Address ONE STATE STREET PLAZA
 FLOOR 31
City-State-Zip: NEW YORK NY 10004