

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002213

FILED
Feb 23, 2015
Secretary of State
CC5569836438

Entity Name: OBI NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

601 CARLSON PARKWAY
SUITE 600
MINNETONKA, MN 55305

Current Mailing Address:

150 ROYALL ST
CANTON, MA 02021

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 C, PRESIDENT, CEO
Name MILLER, T MICHAEL
Address 601 CARLSON PKWY SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title D, CFO, OFFICER
Name MCDONOUGH, PAUL H
Address 601 CARLSON PKWY SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title D, VP, ASST. SECRETARY
Name GEDDES, JOAN K
Address 150 ROYALL ST
City-State-Zip: CANTON MA 02021

Title S, VP
Name MCCARTHY, VIRGINIA A
Address 150 ROYALL ST
City-State-Zip: CANTON MA 02021

Title TREASURER
Name TREACY, JOHN C
Address 601 CARLSON PARKWAY
SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title DIRECTOR
Name CROSBY, DENNIS A.
Address 1720 WINDWARD CONCOURSE
SUITE 325
City-State-Zip: ALPHARETTA GA 30005

Title DIRECTOR, OFFICER
Name DUFFY, SEAN W.
Address 601 CARLSON PARKWAY
SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title DIRECTOR, OFFICER
Name KIEL, JOSETTE D.
Address THE FORUM
8000 IH-10 WEST SUITE 1045
City-State-Zip: SAN ANTONIO TX 78230

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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: VIRGINIA A. MCCARTHY

VP & SECRETARY

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, OFFICER
Name PHILLIPS, MAUREEN A.
Address 601 CARLSON PARKWAY
SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title DIRECTOR, OFFICER
Name MCCLINTOCK, SCOTT W.
Address 601 CARLSON PARKWAY
SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title OFFICER
Name BREHM, PAUL J.
Address 601 CARLSON PARKWAY
SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title DIRECTOR, OFFICER
Name POOLE, BRIAN D.
Address 601 CARLSON PARKWAY
SUITE 600
City-State-Zip: MINNETONKA MN 55305

Title DIRECTOR, OFFICER
Name SCHMITT, THOMAS N.
Address 601 CARLSON PARKWAY
SUITE 600
City-State-Zip: MINNETONKA MN 55305