

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002213

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC1779523886**

**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 DIRECTOR & EXECUTIVE VICE  
PRESIDENT  
Name CROSBY, DENNIS A.  
Address 1725 WINDWARD CONCOURSE  
SUITE 210  
City-State-Zip: ALPHARETTA GA 30005

Title DIRECTOR, SVP AND CHIEF CLAIMS  
OFFICER  
Name DUFFY, SEAN W.  
Address 605 HIGHWAY 169 NORTH  
SUITE 800  
City-State-Zip: PLYMOUTH MN 55441

Title SVP AND CHIEF INFORMATION  
OFFICER  
Name MCCLINTOCK, SCOTT W.  
Address 605 HIGHWAY 169 NORTH  
SUITE 800  
City-State-Zip: PLYMOUTH MN 55441

Title DIRECTOR, SVP AND CHIEF HR  
OFFICER  
Name SCHMITT, THOMAS N.  
Address 605 HIGHWAY 169 NORTH  
SUITE 800  
City-State-Zip: PLYMOUTH MN 55441

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 JERRY, CHRISTOPHER V  
Address 605 HIGHWAY 169 NORTH  
SUITE 800  
City-State-Zip: PLYMOUTH MN 55441

**Continues on page 2**

*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:** CHRISTOPHER V. JERRY

**SECRETARY**

**01/09/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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