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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
OBI America Insurance Company**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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K. SALLY
EXAMINER
JAN 20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBI America Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

CT Corporation System

Firm/Company

155 Federal Street, Suite 700

Address

Boston, MA 02110

City/State and Zip code

sholland@onebeacon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. OBI America Insurance Company
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 46-1846008
 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 1/16/2013 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. Not applicable
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 605 Highway 169 North, Suite 800, Plymouth, MN 55441
 (Principal office address)


(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (City) (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 Lisa Shdeed, K.P.
 (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: T. Michael Miller

Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

Vice-Chairman: Director: Dennis A. Crosby

Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

Director: Maureen A. Phillips

Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

Director: Paul H. McDonough

Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

B. OFFICERS

President: T. Michael Miller

Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

Vice-President: Sr Vice President & CIO: Scott W. McClintock

Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

Secretary: Christopher V. Jerry

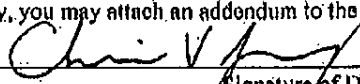
Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

Treasurer: Sr. Vice President & CFO: Paul H. McDonough

Address: 605 Highway 169 North, Ste. 800, Plymouth, MN 55441

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Christopher V. Jerry, Secretary

(Typed or printed name and capacity of person signing application)

1/19/2016 2:35:40 PM From: To: 8506176383(5/5)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
01/19/2016

FILED
2016 JAN 19 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OBI AMERICA INSURANCE COMPANY

is duly registered as a Pennsylvania PA Insurance Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortes
Secretary of the Commonwealth

Certification Number: TSC160119110840-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>