

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000264

FILED
Jan 09, 2017
Secretary of State
CC4107702847

Entity Name: OBI AMERICA 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: 46-1846008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399-2525 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 CHAIRMAN, PRESIDENT AND CEO
Name MILLER, T. MICHAEL
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title DIRECTOR
Name CROSBY, DENNIS A
Address 1725 WINDWARD CONCOURSE
SUITE 210
City-State-Zip: ALPHARETTA GA 30005

Title DIRECTOR, SVP AND GENERAL
COUNSEL
Name PHILLIPS, MAUREEN A
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title DIRECTOR, EVP AND CFO
Name MCDONOUGH, PAUL H
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title DIRECTOR, SVP AND CIO
Name MCCLINTOCK, SCOTT W
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

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, CHIEF RISK OFFICER AND
CHIEF ACTUARY
Name BREHM, PAUL J.
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

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, SVP AND CHIEF UNDERWRITING
 OFFICER
Name KIEL , JOSETTE D.
Address 8000 IH-10 WEST
 SUITE 901
City-State-Zip: SAN ANTONIO TX 78230

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 DIRECTOR, VP AND ASSISTANT SECRETARY
Name GEDDES, JOAN K
Address 150 ROYALL STREET
City-State-Zip: CANTON MA 02021