

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2018
Secretary of State
CC4830406570

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 DIRECTOR AND PRESIDENT
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 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 AND CHIEF UNDERWRITING
OFFICER
Name BREHM, PAUL J.
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

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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: CHRISTOPHER V. JERRY

SECRETARY

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name GALLAGHER, ROBERT C.
Address 77 WATER STREET
 17TH FLOOR
City-State-Zip: NEW YORK NY 10005