

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000264

**FILED**  
**Mar 30, 2020**  
**Secretary of State**  
**5517464023CC**

**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 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 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

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 ONE STATE STREET PLAZA  
FLOOR 31  
City-State-Zip: NEW YORK NY 10004

**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**

**03/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR AND CHIEF OPERATING OFFICER

Name            O'LEARY, LYNN A.

Address         605 HIGHWAY 169 NORTH  
                  SUITE 800

City-State-Zip: PLYMOUTH MN 55441