

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23756

Entity Name: MAYO INSURANCE COMPANY LIMITED**Current Principal Place of Business:**23 LIME TREE, 2ND FLOOR
SEVEN MILE BEACH
CAYMAN ISLANDS, CI KY1-1-051**Current Mailing Address:**GOVERNERS SQUARE, BUILDING 4
BAY AVE
GRAND CAYMAN, CI KY1-1-051 CI**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NELSON, STEPHEN P., ESQ.
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224 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 PD
Name STENHAUG, STEVEN R
Address 200 FIRST ST SW
City-State-Zip: ROCHESTER MN 55905Title AS
Name MARSH MANAGEMENT SERVICES
Address #23 LIME TREE BAY AVENUE
City-State-Zip: CAYMAN ISLANDS, KY1-1051 CI KY1-1-051Title DIRECTOR
Name MACKEN, DAWN
Address 200 FIRST STREET SW
City-State-Zip: ROCHESTER MN 55905Title TD
Name HOFFMAN, HARRY N
Address 200 FIRST ST SW
City-State-Zip: ROCHESTER MN 55905Title D, VP
Name FROISLAND, JEFFREY R
Address 200 FIRST STREET SW
City-State-Zip: ROCHESTER MN 55905Title DIRECTOR, SECRETARY
Name HANZEL, MATTHEW J.
Address 200 FIRST STREET SW
City-State-Zip: ROCHESTER MN 55905

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW J. HANZEL**SECRETARY****03/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date