

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833388

Entity Name: OAKWOOD INSURANCE COMPANY

Current Principal Place of Business:

2908 POSTON AVENUE
NASHVILLE, TN 37203-1312

Current Mailing Address:

628 HEBRON AVENUE
SUITE 106
GLASTONBURY, CT 06033-5018 US

FEI Number: 62-0929818

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINS ST
TALLAHASSEE, FL 32399-0000 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 PCEO
Name WASSERMAN, WALTER N
Address 628 HEBRON AVENUE
SUITE 106
City-State-Zip: GLASTONBURY CT 06033-5018

Title EXECUTIVE VICE PRESIDENT,
GENERAL COUNSEL, SECRETARY
Name REPASY, CHRISTINE H
Address 628 HEBRON AVENUE
SUITE 106
City-State-Zip: GLASTONBURY CT 06033-5018

Title SENIOR VICE PRESIDENT, CFO
Name TERELMES, MICHAEL R
Address 628 HEBRON AVENUE
SUITE 106
City-State-Zip: GLASTONBURY CT 06033-5018

Title CHAIRMAN
Name KENSIL, BRIAN E
Address 628 HEBRON AVENUE
SUITE 106
City-State-Zip: GLASTONBURY CT 06033-5018

Title VICE PRESIDENT AND COMPLIANCE
OFFICER
Name POWERS, LORI M
Address 628 HEBRON AVENUE
SUITE 106
City-State-Zip: GLASTONBURY CT 06033-5018

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: LORI M. POWERS

VP AND COMPLIANCE
OFFICER

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date