

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850084

**Entity Name:** ONENATION INSURANCE COMPANY

**Current Principal Place of Business:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

120 MONUMENT CIRCLE  
IN0102-B371  
INDIANAPOLIS, IN 46204 US

**FEI Number:** 75-1461960

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INSURANCE COMMISSIONER  
200 E. GAINES 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 DP  
Name GOULET, KENNETH R  
Address 14120 BALLANTYNE CORPORATE PLACE, STE. 225  
City-State-Zip: CHARLOTTE NC 28277

Title D  
Name DEVEYDT, WAYNE S  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title T  
Name KRETSCHMER, R D  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DS  
Name KIEFER, KATHLEEN S  
Address 120 MOUNMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title D  
Name BECK, CARTER A  
Address 3000 GOFFS FALLS ROAD  
City-State-Zip: MANCHESTER NH 03103

Title D  
Name KELAGHAN, CATHERINE I  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

*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:** KATHLEEN S. KIEFER

**SECRETARY**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date