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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

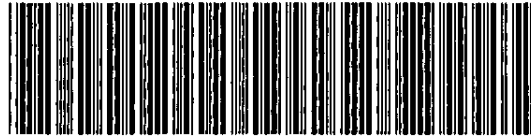
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**FILED**

**J. Shivers MAY 25 2012**

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** OBI National Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan Holland

Name of Person

OneBeacon Insurance Group

Firm/Company

150 Royall Street

Address

Canton, MA 02021

City/State and Zip code

sholland@onebeacon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Holland

Name of Person

at ( 781 ) 332-7671

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status  
☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. OBI National Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania

(State or country under the law of which it is incorporated)

3. 45-2871218

(FEI number, if applicable)

4. July 28, 2011

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual").

6. not applicable

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1717 Arch Street, Philadelphia, PA 19103

(Principal office address)

150 Royall Street, Canton, MA 02021

(Current mailing address)

8. property and casualty insurance company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHIEF FINANCIAL OFFICER

Office Address: 200 E. GAINES STREET

TALLAHASSEE

(City)

, Florida 32399

(Zip code)

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10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: T. Michael Miller

Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Paul H. McDonough

Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Director: Joan K. Geddes

Address: 150 Royall Street, Canton, MA 02021

**B. OFFICERS**

President: Bradford W. Rich

Address: 150 Royall Street, Canton, MA 02021

Vice President: Dana P. Hendershott

Address: 150 Royall Street, Canton, MA 02021

Secretary: Virginia A. McCarthy

Address: 150 Royall Street, Canton, MA 02021

Treasurer: Todd C. Mills

Address: 150 Royall Street, Canton, MA 02021

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Virginia A. McCarthy, Secretary

(Typed or printed name and capacity of person signing application)

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Addendum

Names and business addresses of officers and/or directors of OBI National Insurance Company

A. DIRECTORS

Director: Sean W. Duffy  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Director: Jane E. Freedman  
Address: 150 Royall Street, Canton, MA 02021

Director: Dana P. Hendershott  
Address: 150 Royall Street, Canton, MA 02021

Director: Josette D. Kiel  
Address: 8000 W. Interstate 10, Room 1045, San Antonio, TX 78230

Director:  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Director: Brian D. Poole  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Director: Bradford W. Rich  
Address: 150 Royall Street, Canton, MA 02021

Director: Thomas N. Schmitt  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

B. OFFICERS

Chairman of the Board: T. Michael Miller  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Sr. Vice President and Chief Claims Officer: Sean W. Duffy  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Sr. Vice President and Chief Underwriting Officer: Josette D. Kiel  
Address: 8000 W. Interstate 10, Room 1045, San Antonio, TX 78230

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Sr. Vice President and Chief Information Officer: Scott W. McClintock  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Sr. Vice President and Chief Financial Officer: Paul H. McDonough  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Sr. Vice President and General Counsel: Maureen A. Phillips  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Sr. Vice President and Chief Actuary: Brian D. Poole  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

Sr. Vice President and Chief Human Resources Officer: Thomas N. Schmitt  
Address: 601 Carlson Parkway, Suite 600, Minnetonka, MN 55305

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

APRIL 13, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**OBI National Insurance Company**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth