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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone #	f)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Name	<del>)</del>		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				





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I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: May 23, 2016

Order#: 149960-032

Re: OBI AMERICA INSURANCE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ar to change its registered office or regist	nized under the la	ws of the State of	Pennsylvania	
1. The name of	the corporation: OBI AMERICA INSURA	NCE COMPANY			
2. The principal	office address: 605 HIGHWAY 169 NOF	RTH, SUITE 800,	PLYMOUTH, MN	l 55441	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 01/19/2016	Document	number: F16000	000264	
	d street address of the current registered a rtment of State: (If resigned, enter resigned		ed office on file w	ith the	
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD			2016 HAY 25	ř
	PLANTATION	FL	33324	The Party of the P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. The name and (if changed):	d street address of the new registered age	nt (if changed) an	d /or registered of	fice . P	1 i
	Corporation Service Company			<u></u>	
	1201 Hays Street				
	P.O. Box NOT Tallahassee	`acceptable FL	32301		
The street addreas changed will	ess of its registered office and the street be identical.	address of the bu	siness office of it	s registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	l by its board of d tified in writing o	lirectors or by an of the change.	officer so	
<u>Xie</u>	E. agnie	Jill Cilmi, Vice F			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in Service Company	d agree to act in utes relative to th ccept the obligat ect a change in th	e proper and con ion of my position he registered offic	nplete n as registered	
By: In	ica Cokubi	05/23/2016			
_	nature of Registered Agent		Date		
	half of an entity:				
	Asst. Vice President  yped or Printed Name				
•	,, · · · · · · · · · · · · · · · · · ·				

\* \* \* FILING FEE: \$35.00 \* \* \*