

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007709

Entity Name: ONECIS INSURANCE COMPANY

Current Principal Place of Business:

4343 COMMERCE COURT STE. 120
LISLE, IL 60532

Current Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
STE. 400
FORT LAUDERDALE, FL 33323 US

FEI Number: 36-2738349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name FORBES, JASON
Address 1601 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: FT LAUDERDALE FL 33323

Title CFO, TREASURER
Name DAMASCENO, LUIS
Address 1601 SAWGRASS CORPORATE
 PARKWAY
 STE. 400
City-State-Zip: FORT LAUDERDALE FL 33323

Title SEC
Name BUSH, HEATHER
Address 1601 SAWGRASS CORPORATE
 PARKWAY
City-State-Zip: FT LAUDERDALE FL 33323

Title PRESIDENT
Name MONDELLO, JANICE
Address 330 LYNNWAY, SUITE 403
City-State-Zip: LYNN MA 01901

Title DIRECTOR
Name BELSKI, EDWARD
Address 1601 SAWGRASS CORPORATE
 PARKWAY
 STE. 400
City-State-Zip: FORT LAUDERDALE FL 33323

Title DIRECTOR
Name MOMSEN, RAYMOND
Address 1601 SAWGRASS CORPORATE
 PARKWAY
 STE. 400
City-State-Zip: FORT LAUDERDALE FL 33323

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: HEATHER BUSH

SECRETARY

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date