

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2016
Secretary of State
CC0361648070

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 PD
Name GUIMARAES, PEDRO
Address 1601 SAWGRASS CORPORATE PARKWAY
City-State-Zip: FT LAUDERDALE FL 33323

Title CFO, TREASURER
Name ESNARD, CARLOS
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 VP
Name MONDELLO, JANICE
Address 330 LYNNWAY, SUITE 403
City-State-Zip: LYNN MA 01901

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

Title DIRECTOR
Name HARVEY, THOMAS R.
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

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date