

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000005009

Entity Name: OAK RIVER INSURANCE COMPANY**Current Principal Place of Business:**1314 DOUGLAS STREET
OMAHA, NE 68102**Current Mailing Address:**1314 DOUGLAS STREET
OMAHA, NE 68102 US**FEI Number:** 47-0762702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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, PRESIDENT
Name DARBY, ROBERT NJR
Address 525 MARKET STREET, SUITE 3110
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, VP
Name MORTLAND, THOMAS J
Address 1314 DOUGLAS STREET
City-State-Zip: OMAHA NE 68102

Title ST
Name PERRY, JACKIE L
Address 1314 DOUGLAS STREET
City-State-Zip: OMAHA NE 68102

Title C
Name WURSTER, DONALD F
Address 1314 DOUGLAS STREET
City-State-Zip: OMAHA NE 68102

Title CFO, DIRECTOR
Name LINKHART, ANDREW R
Address 1314 DOUGLAS STREET
City-State-Zip: OMAHA NE 68102

Title DIRECTOR, SENIOR VICE PRESIDENT
Name GULDEN, TRACY L
Address 1314 DOUGLAS STREET
City-State-Zip: OMAHA NE 68102

Title DIRECTOR
Name GOTTSCHALK, J M
Address 1314 DOUGLAS STREET
City-State-Zip: OMAHA NE 68102

Title DIRECTOR, VP
Name HALL, BRIAN P
Address 1725 WINDWARD CONCOURSE, STE 200
City-State-Zip: ALPHARETTA GA 30005

Continues on page 2

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: JACKIE L. PERRY**SECRETARY/TREASURER** 04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SENIOR VICE PRESIDENT
Name	WESSELMAN, BRIAN T
Address	525 MARKET STREET, SUITE 3110
City-State-Zip:	SAN FRANCISCO CA 94105