

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05382

Entity Name: CATAMARAN INSURANCE OF OHIO, INC.**Current Principal Place of Business:**600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173**Current Mailing Address:**600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173 US**FEI Number:** 31-0628424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	PRESIDENT & CHIEF EXECUTIVE OFFICER, DIRECTOR
Name	THIERER, MARK ALAN
Address	600 MCCONNOR PARKWAY
City-State-Zip:	SCHAUMBURG IL 60173

Title	CFO, EXEC. VP OF FINANCE, TREASURER, DIRECTOR
Name	PARK, JEFFREY GARY
Address	600 MCCONNOR PARKWAY
City-State-Zip:	SCHAUMBURG IL 60173

Title	SECRETARY, DIRECTOR
Name	BERMAN, CLIFFORD
Address	600 MCCONNOR PARKWAY
City-State-Zip:	SCHAUMBURG IL 60173

Title	DIRECTOR
Name	ROMZA, JOHN
Address	600 MCCONNOR PARKWAY
City-State-Zip:	SCHAUMBURG IL 60173

Title	DIRECTOR
Name	SABAN, JOEL
Address	600 MCCONNOR PARKWAY
City-State-Zip:	SCHAUMBURG IL 60173

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: JEFFREY GARY PARK**TREASURER****04/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date