RI SOS Filing Number: 202218655700 Date: 6/20/2022 4:00:00 PM

		· V.				
State of Rhode Island Department of St	tate - Busine:				_	8.1. ( B)
Annual Report for the y	ear: 2022					JUN SEPT
Corporation			•			20 20
<ul><li>→ Filing period: February 1</li><li>→ Filing Fee: \$50.00</li></ul>	- May 1					- X-T-W
→ Penalty: Additional \$25.00	fee if form is not	filed by May 31.				0 12 0 12 14 10 17 10
Entity ID Number		of the Corporation	•			<del>-</del>
001701916	Premier N	Marine Insura	ance Man	agers Group	(USA) I	nc.
Principal Office Address			City	•	State	Zip
151 North Service Road			Burlingto	n	ON	L7R 4C2
4. NAICS Code	<ol><li>Brief descrip</li></ol>	tion of the character	r of business o	conducted in Rhode I	Island	•
524210	Marine Ins	urance Distribu	itor now in:	active		
5. State of Incorporation	<b></b>					
WA						
7. List ALL officers (names and a	ddresses)			Check	the box to i	ndicate an attachment 🗹
President Name			Vice-Presiden	t Name		
Street Address			Street Address	3		
City	State	Zip	City		State	Zip
Secretary Name		<del></del>	Treasurer Nam	ne	_1	<u> </u>
Street Address			Street Address	<u> </u>		
City	State	Zip	City		State	Zip
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment
Director Name Rob Wesselin		,	Director Name	Karen Higgins		
Street Address 130 Macdonel			Street Address	<sup>3</sup> 130 Macdonel	l Street	
<sup>City</sup> Guelph	State ON	Zip N1H 6P8	City Guelp	h	State O	N Zip N1H 6P8
Director Name Steve Phillips			Director Name	Jessica Baker	•	<u> </u>
Street Address 1400, One Yo	rk Street		Street Address	130 Macdonel	l Street	
<sup>City</sup> Toronto	State ON	Zip M5J 0B6	City Guelp		State O	N Zip N1H 6P8
9. Shares Authorized		10. Shares Issue				ndicate an attachment
This information is currently of rec Department of State.	ord in the	NUVBER OF S	HARES	CLASS/SERIE	:s	PAR VALUE
Changes require an additional filln		50,000		CNP		0.00
Changes require an auditional lillin	ıg.					
11. This report must be executed	on behalf of the c	orporation by an au	thorized repres	sentative. If the corp	oration is in	the hands of a receiver or
trustee, this report must be execu						abadulas and
Under penalty of perjury, I dec statements, and that all statem				nciuunig any accol	mpanying S	ะก <del>อ</del> นนเอง สกับ
Name of Authorized Representat	ive				Date	
Craig Marshall				_	June	17, 2022
Signature of Authorized Represe	ntative			EN ED	<del>-</del>	

MAIL TÓ:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630 - Revised: 11/2021

## Rhode Island Annual Report 2022

## Officer Listing

## Premier Marine Insurance Managers Group (USA) Inc. – Entity ID 001701916

LAST NAME	FIRST NAME			MIDDLE NAME	
Kaur	Mo	Mo			•
DELIVERY ADDRESS			COUNTRY		POSTAL CODE/ZIP CODE
625 Howe Street, Suite 300, Vancouver		BC	Cana	ada	V6C 2T6
MAILING ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
625 Howe Street, Suite 300, Vancouver		ВС	Canada		V6C 2T6
OFFICE(S) HFLD (e.g. president, secretary, vice pres	ident)	L	1		
President and Chief Operating Off	icer				

LAST NAME	FIRST NAME	FIRST NAME  Daniel		MIDDLE NAME	_
Sinclair	Daniel				
DELIVERY ADDRESS	•	PROVINCE/STATE		TRY	POSTAL CODE/ZIP CODE
130 Macdonell Street, Priory Square, Guelph		ON	Canada		N1H 6P8
MAILING ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
130 Macdonell Street, Priory Square, Guelph		ON	Canada		N1H 6P8
OFFICE(S) HELD (e.g. president, secretary, vi	ce president)				<del> </del>
Vice President					

LAST NAME	FIRST NAME	FIRST NAME		-
Yorke	Andrew			
DELIVERY ADDRESS	•	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
130 Macdonell Street, Priory Square, Guelph		ON	Canada	N1H 6P8
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
130 Macdonell Street, Priory Square, Guelph		ON	Canada	N1H 6P8
OFFICE(S) HELD (e.g. president, secretary, vic	e president)		I	
Vice President				

LAST NAME	FIRST NAME			MIDDLF NAME	<u> </u>
Marshall	Craig				
DELIVERY ADDRESS		PROVINCE/STATE	COUN	TRY	POSTAL CODE/ZIP CODE
151 North Service Road, Burlington		ON	Canada		L7R 4C2
MAILING ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
151 North Service Road, Burlington		ON	Canada		L7R 4C2
OFFICE(S) HELD (e.g. president, secretary, vice pr	esident)		<del></del>	· -	
Secretary					

्रद्भ <sub>,</sub> ; ,

LAST NAME	FIRST NA	ME	MIDDLE NAME	
Bloomer	Shelde	on		
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
625 Howe Street, Suite 300, Vancouver		BC	Canada	V6C 2T6
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
625 Howe Street, Suite 300, Vancouver		BC	Canada	V6C 2T6
OFFICE(S) HELD (e.g. president, secretary, vic	e president)	•	•	
Vice President, Commercial Li	nes			

LAST NAME	FIRST NAME	FIRST NAME  Judy		MIDDLE NAME	
Verhoef	Judy				
DELIVERY ADDRESS		PROVINCE/STATE	COUNT	TRY	POSTAL CODE/ZIP CODE
130 Macdonell Street, Priory Square, Guelph		ON	Canada		N1H 6P8
MAILING ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
130 Macdonell Street, Priory Square, Guelph		ON	Canada		N1H 6P8
OFFICE(S) HELD (e.g. president, secretary, vi	ce president)				
Senior Vice President					

LAST NAME	FIRST NAME	FIRST NAME			
Hopkins-Lee	Karen	Karen			
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
625 Howe Street, Vancouver		BC	Canada		V6C 2T6
MAILING ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
625 Howe Street, Vancouver		BC	Canada		V6C 2T6
Office(S) HELD (e.g. president, secretary, vice presi	dent)	· -	<b>-</b>		
Senior Vice President Product & In	novation				