2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145524

Entity Name: FD INSURANCE COMPANY

Current Principal Place of Business:

4651 SALISBURY RD STE 410 JACKSONVILLE, FL 32256

Current Mailing Address:

4651 SALISBURY RD STE 410 JACKSONVILLE, FL 32256 US

FEI Number: 20-3704679 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER **GAINES STREET** 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:

Name

City-State-Zip:

City-State-Zip:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR

BERETTA, SANDRA L. DR. COBARRUBIAS, FABIOLA DR. Name Name

Address 560 DAVIS ST. Address 560 DAVIS ST.

STE, 200 STE. 200

City-State-Zip: SAN FRANCISCO CA 94111 City-State-Zip: SAN FRANCISCO CA 94111

DIRECTOR, PRESIDENT, & CHIEF Title VC Title

> **EXECUTIVE OFFICER** DAILEY, PATRICIA A. DR.

Name DIENER, THEODORE SCOTT

Address 560 DAVIS ST. Address 560 DAVIS ST. STE. 200

STE. 200

SAN FRANCISCO CA 94111 City-State-Zip: SAN FRANCISCO CA 94111

Title **DIRECTOR**

Title DIRECTOR Name GANNON, ALICE H.

Name HAYASHI, ROGER M. DR. Address 560 DAVIS ST.

Address 560 DAVIS ST. STE, 200

STE. 200 SAN FRANCISCO CA 94111

City-State-Zip: City-State-Zip: SAN FRANCISCO CA 94111

Title **DIRECTOR**

Title **DIRECTOR** PACKER, STEVEN DR. Name

Name PATCHIN, REBECCA J. DR. Address 560 DAVIS ST.

Address 560 DAVIS ST. STE. 200

STE. 200

SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111 City-State-Zip:

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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.

02/04/2016 SIGNATURE: KARA RICCI SVP, CLO, CCO, & CORPORATE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 04, 2016

Secretary of State

CC2172902370

Officer/Director Detail Continued:

Name

Address

Title CHAIRMAN Title DIRECTOR

SIDOROV, JAAN E. DR. SYPHAX, SCOTT C. Name Name

Address 560 DAVIS ST. Address 560 DAVIS ST.

STE. 200 STE. 200

SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111 City-State-Zip: City-State-Zip:

SVP & CHIEF OPERATING OFFICER Title **SVP & CHIEF FINANCIAL OFFICER** Title

Name FRIERS, TIMOTHY J. Name JOHNSON, MARK D.

Address 1700 BENT CREEK BLVD. Address 6034 WEST COURTYARD DR.

STE. 310

City-State-Zip: MECHANICSBURG PA 17050 AUSTIN TX 78730 City-State-Zip:

SVP, CHIEF LEGAL OFFICER, CORPORATE Title **SVP & CHIEF BUSINESS** Title

SECRETARY, AND CHIEF COMPLIANCE OFFICER **DEVELOPMENT OFFICER**

RICCI, KARA M. Name RUMIN, RONALD C.

560 DAVIS ST. Address 6034 WEST COURTYARD DR. STE. 200

STE. 310 SAN FRANCISCO CA 94111

City-State-Zip: City-State-Zip: AUSTIN TX 78730