2017 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: No

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:

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

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SECRETARY

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.

01/09/2017 SIGNATURE: KARA RICCI SVP, CLO, CCO & **CORPORATE**

FILED Jan 09, 2017

Secretary of State

CC0220480597

Officer/Director Detail Continued:

Title CHAIRMAN

Name SIDOROV, JAAN E. DR.

Address 560 DAVIS ST.

STE. 200

City-State-Zip: SAN FRANCISCO CA 94111

Title SVP & CHIEF OPERATING OFFICER

Name FRIERS, TIMOTHY J.

Address 1700 BENT CREEK BLVD.

City-State-Zip: MECHANICSBURG PA 17050

Title SVP, CHIEF LEGAL OFFICER, CORPORATE

SECRETARY, AND CHIEF COMPLIANCE OFFICER

Name RICCI, KARA M.

Address 560 DAVIS ST.

STE. 200

City-State-Zip: SAN FRANCISCO CA 94111

Title VP, FINANCE & CONTROLLER

Name MEISEL, DENNIS ALLAN

Address 1700 BENT CREEK BOULEVARD

City-State-Zip: MECHANICSBURG PA 17055

Title DIRECTOR

Name SYPHAX, SCOTT C.

Address 560 DAVIS ST.

STE. 200

City-State-Zip: SAN FRANCISCO CA 94111

Title SVP & CHIEF FINANCIAL OFFICER

Name JOHNSON, MARK D.

Address 6034 WEST COURTYARD DR.

STE. 310

City-State-Zip: AUSTIN TX 78730

Title SVP & CHIEF BUSINESS

DEVELOPMENT OFFICER

Name RUMIN, RONALD C.

Address 6034 WEST COURTYARD DR.

STE. 310

City-State-Zip: AUSTIN TX 78730