

**2018 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BERETTA, SANDRA L. DR.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title VC  
Name DAILEY, PATRICIA A. DR.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name GANNON, ALICE H.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name PACKER, STEVEN DR.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name COBARRUBIAS, FABIOLA DR.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, PRESIDENT, & CHIEF  
EXECUTIVE OFFICER  
Name DIENER, THEODORE SCOTT  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name HAYASHI, ROGER M. DR.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name PATCHIN, REBECCA J. DR.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

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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.*

**SIGNATURE:** KARA RICCISVP, CCO, CLO &  
CORPORATE  
SECRETARY

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SYPHAX, SCOTT C.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title SVP, CHIEF LEGAL OFFICER, CORPORATE  
SECRETARY, AND CHIEF COMPLIANCE OFFICER  
Name RICCI, KARA M.  
Address 575 MARKET STREET  
SUITE 1000  
City-State-Zip: SAN FRANCISCO CA 94105

Title VP, FINANCE & CONTROLLER  
Name MEISEL, DENNIS ALLAN  
Address 1700 BENT CREEK BOULEVARD  
City-State-Zip: MECHANICSBURG PA 17055

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 OPERATING OFFICER  
Name RUMIN, RONALD C.  
Address 6034 WEST COURTYARD DR.  
STE. 310  
City-State-Zip: AUSTIN TX 78730