2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000145524

Entity Name: FD INSURANCE COMPANY

#### Current Principal Place of Business:

5555 GATE PARKWAY SUITE 150 JACKSONVILLE, FL 32256

# Current Mailing Address:

PO BOX 2080 MECHANICSBURG, PA 17055 US

# FEI Number: 20-3704679

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

### Officer/Director Detail :

| Title  | DIRECTOR   | Title  | DIRECTOR  |
|--|--|--|---|
| Name   | BERETTA, SANDRA L. DR.   | Name   | COBARRUBIAS, FABIOLA DR.  |
| Address  | PO BOX 2080  | Address  | PO BOX 2080   |
| City-State-Zip:                                      | MECHANICSBURG PA 17055   | City-State-Zip:                                      | MECHANICSBURG PA 17055  |
| Title<br>Name<br>Address<br>City-State-Zip:          | DIRECTOR, PRESIDENT, & CHIEF<br>EXECUTIVE OFFICER<br>DIENER, THEODORE SCOTT<br>PO BOX 2080<br>MECHANICSBURG PA 17055 | Title<br>Name<br>Address<br>City-State-Zip:          | DIRECTOR<br>GANNON, ALICE H.<br>PO BOX 2080<br>MECHANICSBURG PA 17055 |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title | DIRECTOR<br>HAYASHI, ROGER M. DR.<br>PO BOX 2080<br>MECHANICSBURG PA 17055<br>DIRECTOR                               | Title<br>Name<br>Address<br>City-State-Zip:<br>Title | DIRECTOR  |
| Name<br>Address<br>City-State-Zip:                   | PATCHIN, REBECCA J. DR.<br>PO BOX 2080   | Name<br>Address<br>City-State-Zip:                   |   |
|  |  | Continues on page 2                                  |   |

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: KELLIE N. SORENSON

SVP, CHIEF LEGAL OFFICER, CORPORATE SECRETARY, AND CHIEF COMPLIANCE OFFICER

06/22/2020

Date

#### FILED Jun 22, 2020 Secretary of State 5158630991CC

Certificate of Status Desired: No

## **Officer/Director Detail Continued :**

| Title<br>Name   | SVP & CHIEF FINANCIAL OFFICER<br>JOHNSON, MARK D. | Title           | SVP, CHIEF LEGAL OFFICER,<br>CORPORATE SECRETARY, AND CHIEF<br>COMPLIANCE OFFICER |
|-----------------|---|-----------------|---|
| Address         | PO BOX 2080                                       | Name            | SORENSON, KELLIE N.   |
| City-State-Zip: | MECHANICSBURG PA 17055                            | Address         | PO BOX 2080   |
| Title           | SVP & CHIEF OPERATING OFFICER                     | City-State-Zip: | MECHANICSBURG PA 17055  |
| Name            | RUMIN, RONALD C.                                  | Title           | VP, FINANCE & CONTROLLER  |
| Address         | PO BOX 2080                                       | Name            | MEISEL, DENNIS ALLAN  |
| City-State-Zip: | MECHANICSBURG PA 17055                            | Address         | PO BOX 2080   |
|                 |   | City-State-Zip: | MECHANICSBURG PA 17055  |