

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000145524

Entity Name: FD INSURANCE COMPANY**Current Principal Place of Business:**100 STERLING PARKWAY SUITE 205
MECHANICSBURG, PA 17050**Current Mailing Address:**PO BOX 2080
MECHANICSBURG, PA 17055 US**FEI Number:** 20-3704679**Certificate of Status Desired:** No**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

Date

Officer/Director Detail :

Title VP, FINANCE & CONTROLLER
Name MEISEL, DENNIS ALLAN
Address PO BOX 2080
City-State-Zip: MECHANICSBURG PA 17055

Title CEO AND PRESIDENT, DIRECTOR
Name FRANCIS, ROBERT D.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title TREASURER, DIRECTOR, CFO
Name HENDRICKS, DANA S.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title SECRETARY, DIRECTOR
Name NEVILLE, KATHRYN A.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title VP
Name COCHRAN, LAWRENCE K.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title ASST. SECRETARY, ASST.
TREASURER, DIRECTOR
Name LIENBY, JEFFREY P.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title CHAIRMAN, DIRECTOR
Name RAND, EDWARD L.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

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: KATHRYN A. NEVILLE**SECRETARY****11/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date