

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003964

FILED
Mar 14, 2012
Secretary of State

Entity Name: TD INSURANCE, INC.

Current Principal Place of Business:

75 JOHN ROBERTS RD.
SOUTH PORTLAND, ME 04106

New Principal Place of Business:

Current Mailing Address:

75 JOHN ROBERTS RD.
SOUTH PORTLAND, ME 04106

New Mailing Address:

FEI Number: 01-0124370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCD
Name: FICO, JOSEPH
Address: 75 JOHN ROBERTS RD.
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: D
Name: CRANDALL, MARK
Address: 75 JOHN ROBERTS RD.
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: D
Name: GOINGS, WILLIAM
Address: 75 JOHN ROBERTS RD.
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: T
Name: SCRIBNER, DANA
Address: 75 JOHN ROBERTS RD.
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: S
Name: MEYER, F. JAY
Address: 75 JOHN ROBERTS RD.
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: AS
Name: BOOSE, LYDIA C
Address: 75 JOHN ROBERTS RD.
City-St-Zip: SOUTH PORTLAND, ME 04106

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: LYDIA C. BOOSE

AS

03/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date