

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003529

Entity Name: CORCORAN & HAVLIN INSURANCE GROUP, INC

Current Principal Place of Business:

491 MAIN STREET
BANGOR, ME 04401

Current Mailing Address:

P. O. BOX 1388
BANGOR, ME 04402 US

FEI Number: 47-3466605

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 DIRECTOR
Name CROSS, ROYCE M.
Address 491 MAIN STREET
City-State-Zip: BANGOR ME 04401

Title DIRECTOR
Name CROSS, WOODROW W.
Address 491 MAIN STREET
City-State-Zip: BANGOR ME 04401

Title PRESIDENT
Name KEEFE, JOHN W.
Address 491 MAIN STREET
City-State-Zip: BANGOR ME 04401

Title SECRETARY
Name CROSS, ROYCE M.
Address 491 MAIN STREET
City-State-Zip: BANGOR ME 04401

Title TREASURER
Name CROSS, WOODROW W.
Address 491 MAIN STREET
City-State-Zip: BANGOR ME 04401

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: ROYCE M. CROSS

SECRETARY

04/14/2017

Electronic Signature of Signing Officer/Director Detail

Date