

**2020 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:** LESLIE MARTIN, ASSISTANT SECRETARY

05/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name AUSTIN, DAVID  
Address 491 MAIN STREET  
City-State-Zip: BANGOR ME 04401

Title TREASURER  
Name HERSEY, CHRIS  
Address 491 MAIN STREET  
City-State-Zip: BANGOR ME 04401

Title PRESIDENT  
Name DOHERTY, GEORGE  
Address 491 MAIN STREET  
City-State-Zip: BANGOR ME 04401

Title EXECUTIVE VICE PRESIDENT  
Name CROSS, JONATHAN  
Address 491 MAIN STREET  
City-State-Zip: BANGOR ME 04401

Title CHAIRMAN  
Name CROSS, ROYCE M.  
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

CHAIRMAN

05/08/2020

Electronic Signature of Signing Officer/Director Detail

Date