

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28224

Entity Name: TDC SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**185 GREENWOOD ROAD
NAPA, CA 94558**Current Mailing Address:**185 GREENWOOD ROAD
NAPA, CA 94558 US**FEI Number:** 95-4241120**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 CEO, DIRECTOR, CHAIRMAN
Name ANDERSON MD, RICHARD E
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

Title CFO, DIRECTOR, TREASURER
Name PREIMESBERGER, DAVID G
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

Title SECRETARY
Name MCHALE, DAVID A
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

Title COO, DIRECTOR, PRESIDENT
Name FLEMING, WILLIAM ALLEN
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

Title DIRECTOR
Name LAWTON PH.D., BRYAN
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

Title DIRECTOR
Name BULLIS, EUGENE
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

Title DIRECTOR
Name BENSINGER, STEVEN JAY
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

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: DAVID A MCHALE**SECRETARY****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date