

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38681

Entity Name: PROASSURANCE INDEMNITY COMPANY, INC.**Current Principal Place of Business:**100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**Current Mailing Address:**100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**FEI Number:** 63-0720042**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 D, CHAIRMAN
Name STARNES, W. STANCIL
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 32509

Title D, TREASURER
Name RAND, EDWARD LJR.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

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

Title T
Name RAND, EDWARD LJR.
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title D
Name LIENBY, JEFFREY P
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title PD
Name FRIEDMAN, HOWARD H
Address 100 BROOKWOOD PLACE
City-State-Zip: BIRMINGHAM AL 35209

Title DIRECTOR
Name THOMAS, DARRYL K
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****05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date