2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000034

Entity Name: INTREPID INSURANCE COMPANY

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
36455 CORPORATE DRIVE TAX AFFAIRS 3 EAST FARMINGTON HILLS, MI 48331				36455 CORPORATE DRIVE FARMINGTON HILLS, MI 48331			
Current Mailing Address:				New Mailing Address:			
36455 CORPORATE DRIVE TAX AFFAIRS 3 EAST FARMINGTON HILLS, MI 48331				36455 CORPORATE DRIVE FARMINGTON HILLS, MI 48331			
FEI Number:	38-3464412	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Sta	tus Desired()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							Agent:
MAIER, RICHARD 10300 BOGGY CREEK RD., STE 100 ORLANDO, FL 32824 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.							
SIGNATUR							
Election Cam		c Signature of Registered Agen Trust Fund Contribution().	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HAAN, JAMES S 27777 INKSTER	Delete ROAD LLS, MI 483345326		Title: Name: Address: City-St-Zip:	HINRICHS, A P 36455 CORPOR		on
Title: Name: Address: City-St-Zip:	DODGE, MICHAE 27777 INKSTER			Title: Name: Address: City-St-Zip:	POLING, STEVE 36455 CORPOR		on
Title: Name: Address: City-St-Zip:	VPD () E POLING, S.C. 36455 CORPORA FARMINGTON, M			Title: Name: Address: City-St-Zip:	ROY, MATTHEY 36455 CORPOR		on
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SILVESTRI, PAI 36455 CORPOR		on
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	OHMSTEDT, A 36455 CORPOR		on
Title: Name: Address: City-St-Zip:	() [Delete		Title: Name: Address: City-St-Zip:	SINGHAL, A DI 36455 CORPOR		n

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE LOUIS POA 03/26/2009