

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000034

FILED
Apr 08, 2010
Secretary of State

Entity Name: INTREPID INSURANCE COMPANY

Current Principal Place of Business:

36455 CORPORATE DRIVE
FARMINGTON HILLS, MI 48331

New Principal Place of Business:

36455 CORPORATE DR.
FARMINGTON HILLS, MI 48331

Current Mailing Address:

36455 CORPORATE DRIVE
FARMINGTON HILLS, MI 48331

New Mailing Address:

36455 CORPORATE DR.
FARMINGTON HILLS, MI 48331

FEI Number: 38-3464412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCH
Name: HINRICHS, A PDIRCHR
Address: 36455 CORPORATE DR.
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: VPD
Name: POLING, STEVEN C VPDIRAS
Address: 36455 CORPORATE DR.
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: TREA
Name: KAUFMANN, K W TREAS
Address: 36455 CORPORATE DR.
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: VPD
Name: SINGHAL, A VPDIR
Address: 36455 CORPORATE DR.
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: SECD
Name: ROY, MATTHEW E SECDIR
Address: 36455 CORPORATE DR.
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: ATRE
Name: EDELMANN, KLAUS ATREAS
Address: 36455 CORPORATE DR.
City-St-Zip: FARMINGTON HILLS, MI 48331

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: KELLY LETTMANN

POA

04/08/2010

Electronic Signature of Signing Officer or Director

Date