


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000006069	
1. Entity Name MEMIC INDEMNITY COMPANY	

Principal Place of Business 1750 ELM STREET, SUITE 500 MANCHESTER, NH 03104	Mailing Address 1750 ELM STREET, SUITE 500 MANCHESTER, NH 03104
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0515329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP THOMAS LEONARD, JOHN 261 COMMERCIAL STREET PORTLAND, ME 04101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD BAXTER, GARY 261 COMMERCIAL STREET PORTLAND, ME 04101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY COTE, DANIEL 261 COMMERCIAL STREET PORTLAND, ME 03904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS MARR, JONN 261 COMMERCIAL STREET PORTLAND, ME 04101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES PFUNDSTEIN, DONALD 214 NORTH MAIN STREET CONCORD, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEPHEN MCMANN, ROBERT 261 COMMERCIAL STREET PORTLAND, ME 04101

U00000839920
03/06/08-80028-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-30-08</u> <small>Date</small>	<u>207-791-3300</u> <small>Daytime Phone #</small>
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