

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006069

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: MEMIC INDEMNITY COMPANY

## Current Principal Place of Business:

1750 ELM STREET, SUITE 500  
MANCHESTER, NH 03104

## New Principal Place of Business:

## Current Mailing Address:

1750 ELM STREET, SUITE 500  
MANCHESTER, NH 03104

## New Mailing Address:

PO BOX 11409  
PORTLAND, ME 04104

FEI Number: 02-0515329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CP ( ) Delete  
Name: THOMAS LEONARD, JOHN  
Address: 261 COMMERCIAL STREET  
City-St-Zip: PORTLAND, ME 04101

Title: D ( ) Delete  
Name: RICHARD BAXTER, GARY  
Address: 261 COMMERCIAL STREET  
City-St-Zip: PORTLAND, ME 04101

Title: D ( ) Delete  
Name: STANLEY COTE, DANIEL  
Address: 261 COMMERCIAL STREET  
City-St-Zip: PORTLAND, ME 03904

Title: D ( ) Delete  
Name: FRANCIS MARR, JONN  
Address: 261 COMMERCIAL STREET  
City-St-Zip: PORTLAND, ME 04101

Title: S ( ) Delete  
Name: JAMES PFUNDSTEIN, DONALD  
Address: 214 NORTH MAIN STREET  
City-St-Zip: CONCORD, NH

Title: DT ( ) Delete  
Name: STEPHEN MCMANN, ROBERT  
Address: 261 COMMERCIAL STREET  
City-St-Zip: PORTLAND, ME 04101

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT S. MCMANN

SVP

03/17/2009

Electronic Signature of Signing Officer or Director

Date