

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006069

FILED
Mar 30, 2010
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:

PO BOX 11409
PORTLAND, ME 04104

New Mailing Address:

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
Name: LEONARD, JOHN T
Address: 261 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04104

Title: D
Name: BAXTER, GARY S
Address: 261 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04104

Title: D
Name: LAMSON, CATHERINE
Address: 261 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04104

Title: D
Name: MARR, JONN F
Address: 261 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04104

Title: S
Name: PFUNDSTEIN, DONALD J
Address: 214 NORTH MAIN STREET
City-St-Zip: CONCORD, NH 03301

Title: DT
Name: MCGARVEY, DANIEL J
Address: 261 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04104

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: DANIEL J MCGARVEY

SVP

03/30/2010

Electronic Signature of Signing Officer or Director

Date