

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006538

FILED
Apr 03, 2008
Secretary of State

Entity Name: CAMPMED CASUALTY & INDEMNITY COMPANY, INC. OF MARYLAND

Current Principal Place of Business:

308 W. POTOMAC ST
BRUNSWICK, MD 21716

New Principal Place of Business:

Current Mailing Address:

111 BERRY ST SE
VIENNA, VA 22180

New Mailing Address:

FEI Number: 52-1827116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PC () Delete
Name: SANTOLI, DENNIS R
Address: 111 BERRY ST. S.E.
City-St-Zip: VIENNA, VA 22180

Title: SD () Delete
Name: SANTOLI, DAVID M
Address: 2043 RANDOM RD., #204
City-St-Zip: CLEVELAND, OH 44106

Title: TD () Delete
Name: ZINSSER, AUGUST III
Address: 3851 FARRAGUT AVENUE
City-St-Zip: KENSINGTON, MD 20895

Title: D () Delete
Name: SANTOLI, MICHAEL
Address: 7601 FIRST PLACE DRIVE #A-9
City-St-Zip: OAKWOOD VILLAGE, OH 44146

Title: VCFO () Delete
Name: LAWRENCE, PAUL
Address: 111 BERRY ST SE
City-St-Zip: VIENNA, VA 22180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: ZINSSER, AUGUST III
Address: 10217 CAPITOL VIEW AVENUE
City-St-Zip: SILVER SPRING, MD 20910

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: DENNIS R. SANTOLI

P

04/03/2008

Electronic Signature of Signing Officer or Director

Date