

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006538

FILED  
Apr 17, 2009  
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: 10217 CAPITOL VIEW AVENUE  
City-St-Zip: SILVER SPRING, MD 20910

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: ( ) 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: DENNIS R. SANTOLI

PC

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date