

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006538

FILED
Apr 05, 2012
Secretary of State

Entity Name: CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

Current Principal Place of Business:

TEN CORPORATE DR STE 200
BEDFORD, NH 03110

New Principal Place of Business:

Current Mailing Address:

440 LINCOLN ST
WORCESTER, MA 01653

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:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ZURAITIS, MARITA
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

Title: S
Name: CRONIN, CHARLES F
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

Title: D
Name: EPPINGER, FREDERICK H
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

Title: D
Name: ALLEN, BRYAN D
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

Title: D
Name: TRANTER, GREGORY D
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

Title: D
Name: ROCHE, JOHN C
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

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: CHARLES F CRONIN

S

04/05/2012

Electronic Signature of Signing Officer or Director

Date