2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001232

Entity Name: MAXUM INDEMNITY COMPANY

Current Principal Place of Business:

3655 NORTH POINT PARKWAY
SUITE 500
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

3655 NORTH POINT PARKWAY
SUITE 500
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 51-0097283   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: PCEO
Name: TURNER, F. MARSHALL II
Address: 3655 NORTH POINT PARKWAY, SUITE 500
City-St-Zip: ALPHARETTA, GA 30005

Title: V
Name: GREEN, DAVID M
Address: 3655 NORTH POINT PARKWAY, SUITE 500
City-St-Zip: ALPHARETTA, GA 30005

Title: SVP
Name: WAITE, KARL
Address: 3655 NORTH POINT PARKWAY, SUITE 500
City-St-Zip: ALPHARETTA, GA 30005

Title: VCIO
Name: CLEMENS, CHARLES
Address: 3655 NORTH POINT PARKWAY, SUITE 500
City-St-Zip: ALPHARETTA, GA 30005

Title: SD
Name: SIMON, JEROME
Address: 3300 WELLS FARGO CENTER, 90 S. 7TH ST.
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D
Name: SMITH, BRIAN
Address: 2600 EAGAN WOODS DR., SUITE 150
City-St-Zip: EAGAN, MN 55121

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: DAVID M. GREEN   V   01/21/2011

          Electronic Signature of Signing Officer or Director   Date