# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2011**
**Secretary of State**

DOCUMENT# F10000002635

**Entity Name:** MAINE EMPLOYERS' MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

261 COMMERCIAL STREET
PORTLAND, ME 04104

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11409
PORTLAND, ME 04104

**New Mailing Address:**

261 COMMERCIAL STREET
PORTLAND, ME 04104

**FEI Number: 01-0476508** **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: C
Name: LEONARD, JOHN T
Address: 261 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04104

Title: D
Name: GRAFFAM, WARD I
Address: 29 ORCHARD STREET
City-St-Zip: PORTLAND, ME 04102

Title: D
Name: GREENLEAF, KATHERINE M
Address: 261 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04104

Title: D
Name: IPPOLITO, JOLAN F
Address: 442 ELLIS RIVER ROAD
City-St-Zip: RUMFORT POINTE, ME 04276

Title: D
Name: LABE, DAVID M E
Address: P.O. BOX 904
City-St-Zip: KITTERY, ME 039040904

Title: D
Name: LONGLEY, SARA C
Address: 5600 COLLEGE STATION
City-St-Zip: BRUNSWICK, ME 04011

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: JOHN T LEONARD C 04/08/2011

Electronic Signature of Signing Officer or Director Date