## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000084676

Entity Name: MERCURY INDEMNITY COMPANY OF AMERICA

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ERTON RD. ATER, FL 337	62			
Current Mailing Address:			New Mailing Address:		
	ERTON RD. ATER, FL 337	62			
FEI Number	: 58-2641913	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
P.O. BOX 200 E. GA TALLAHA The above in the State	SSEE, FL 323 named entity e of Florida.	200 99 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI		ois Cianatura of Degistered As	· ant	Data	
	Electro	nic Signature of Registered Ag	gent	Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( JOSEPH, GEC 365 N HUDSOI LOS ANGELES	N AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( TIRADOR, GAI 11945 LAMBE TUSTIN, CA 9:	RT ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BUNNER, BRU 27 CARDINAL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( WALTERS, JU 2310 MONACO OXNARD, CA	D DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	NEWELL, DON 8025 ARTESIA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JUDITH ANN WALTERS D 09/04/2007