2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084676

1. Entity Name
MERCURY INDEMNITY COMPANY OF AMERICA

FILED
Sep 10, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1901 ULMERTON RD. CLEARWATER, FL 33762	1901 ULMERTON RD. CLEARWATER, FL 33762

09022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2641913
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOSEPH, GEORGE
STREET ADDRESS	365 N HUDSON AVE
CITY-ST-ZIP	LOS ANGELES, CA 90020
TITLE	D
NAME	TIRADOR, GABE
STREET ADDRESS	11945 LAMBERT ST
CITY-ST-ZIP	TUSTIN, CA 92782
TITLE	D
NAME	BUNNER, BRUCE A
STREET ADDRESS	27 CARDINAL RD
CITY-ST-ZIP	WESTON, FAIRFIELD, CT 06883
TITLE	D
NAME	WALTERS, JUDITH A
STREET ADDRESS	2310 MONACO DR
CITY-ST-ZIP	OXNARD, CA 93035
TITLE	D
NAME	NEWELL, DONALD P
STREET ADDRESS	8025 ARTESIAN RD
CITY-ST-ZIP	RANCHO SANTE FE, CA 92067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/10/08-80004-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Paul Abukhalil 8/28/08 (323)857-7154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #