

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084676

Entity Name: MERCURY INDEMNITY COMPANY OF AMERICA**Current Principal Place of Business:**1901 ULMERTON RD.
CLEARWATER, FL 33762**Current Mailing Address:**1901 ULMERTON RD.
CLEARWATER, FL 33762**FEI Number: 58-2641913****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	JOSEPH, GEORGE
Address	365 N HUDSON AVE
City-State-Zip:	LOS ANGELES CA 90020

Title	DIRECTOR, CEO
Name	TIRADOR, GABE
Address	11945 LAMBERT ST
City-State-Zip:	TUSTIN CA 92782

Title	DIRECTOR
Name	BUNNER, BRUCE A
Address	27 CARDINAL RD
City-State-Zip:	WESTON, FAIRFIELD CT 06883

Title	DIRECTOR, EXECUTIVE SECRETARY
Name	WALTERS, JUDITH A
Address	2310 MONACO DR
City-State-Zip:	OXNARD CA 93035

Title	DIRECTOR
Name	NEWELL, DONALD P
Address	8025 ARTESIAN RD
City-State-Zip:	RANCHO SANTE FE CA 92067

Title	DIRECTOR
Name	GRAYSON, RICHARD E
Address	37651 OXFORD DRIVE
City-State-Zip:	MURRIETA CA 92562

Title	DIRECTOR, VP
Name	GRAVES, CHRISTOPHER
Address	4484 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010

Title	CFO
Name	STALICK, THEODORE R
Address	4484 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010

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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: JUDITH A. WALTERS**CORPORATE
SECRETARY****04/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ELLIS, JAMES G
Address	4484 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010