## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006069

**Entity Name: MEMIC INDEMNITY COMPANY** 

**Current Principal Place of Business:** 

650 ELM STREET SUITE 401

MANCHESTER, NH 03101

**Current Mailing Address:** 

PO BOX 11409

PORTLAND, ME 04104

FEI Number: 02-0515329 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: DANIEL J MCGARVEY 04/16/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Name

Title SENIOR VICE-PRESIDENT, CFO, Title DIRECTOR, PRESIDENT, CEO

TREASURER, DIRECTOR Name BOURQUE, MICHAEL PETER FONGEMIE, EILEEN Address

261 COMMERCIAL STREET Address 261 COMMERCIAL STREET

City-State-Zip: PORTLAND ME 04101 City-State-Zip: PORTLAND ME 04101

Title DIRECTOR Title DIRECTOR

Name LEONARD, JOHN THOMAS Name LABBE, DAVID MARK Address 261 COMMERCIAL STREET Address 261 COMMERCIAL STREET

City-State-Zip: PORTLAND ME 04101 City-State-Zip: PORTLAND ME 04101

Title **SECRETARY** Title **DIRECTOR** 

PFUNDSTEIN, DONALD JAMES Name Name REIDER, GEORGE MONROE

Address 1750 ELM ST Address

261 COMMERCIAL STREET STE 500

City-State-Zip: MANCHESTER NH 03104 City-State-Zip: PORTLAND ME 04101

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: EILEEN FONGEMIE

SENIOR VICE-PRESIDENT, CFO, **TREASURER** 

04/16/2024

**FILED** Apr 16, 2024

**Secretary of State** 

8695122833CC