2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2020
Secretary of State
4383292823CC

DOCUMENT# F07000003492

Entity Name: SMITHWICK & MARINERS INSURANCE, INC.

Current Principal Place of Business:

366 U.S. ROUTE ONE
FALMOUTH, ME 04105

Current Mailing Address:

366 U.S. ROUTE ONE
FALMOUTH, ME 04105

FEI Number: 01-0427908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CHAI
Name	SMITHWICK, STEPHEN M
Address	366 U.S. ROUTE ONE
City-State-Zip:	FALMOUTH ME 04105

Title	VP
Name	ROCHA, KEVIN D
Address	4 VALLEY DRIVE
City-State-Zip:	NORTH DARTMOUTH MA 02748

Title	TREA
Name	SMITHWICK, CHRISTOPHER P
Address	366 U.S. ROUTE ONE
City-State-Zip:	FALMOUTH ME 04105

Title	DIRECTOR
Name	SMITHWICK, CHRISTOPHER P.
Address	366 U.S. ROUTE ONE
City-State-Zip:	FALMOUTH ME 04105

Title	PRES
Name	SMITHWICK, REGINALD HII
Address	366 U.S. ROUTE ONE
City-State-Zip:	FALMOUTH ME 04105

Title	SEC
Name	SMITHWICK, CHRISTOPHER P
Address	366 U.S. ROUTE ONE
City-State-Zip:	FALMOUTH ME 04105

Title	DIRECTOR
Name	SMITHWICK, STEPHEN M.
Address	366 U.S. ROUTE ONE
City-State-Zip:	FALMOUTH ME 04105

Title	DIRECTOR
Name	SMITHWICK, REGINALD H. II
Address	366 U.S. ROUTE ONE
City-State-Zip:	FALMOUTH ME 04105

Continues on page 2

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: ELIZABETH A. OLIVIER, ESQ. ASSISTANT SECRETARY 03/18/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY (LIMITED AUTHORITY)
Name	ELIZABETH, A. OLIVIER ESQ.
Address	P.O. BOX 9546 ONE CITY CENTER
City-State-Zip:	PORTLAND ME 04112