2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2015
Secretary of State
CC3031104448

DOCUMENT# F10000002635

Entity Name: MAINE EMPLOYERS' MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

261 COMMERCIAL STREET
PORTLAND, ME 04101

Current Mailing Address:

PO BOX 11409
PORTLAND, ME 04104

FEI Number: 01-0476508

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	C
Name	LEONARD, JOHN T
Address	261 COMMERCIAL STREET
City-State-Zip:	PORTLAND ME 04104

Title	D
Name	GREENLEAF, KATHERINE M
Address	47 DARTMOUTH ST
City-State-Zip:	YARMOUTH ME 04107

Title	D
Name	LABBE, DAVID ME
Address	3 GOODWIN RD
City-State-Zip:	KITTERY POINT ME 03905

Title	DIRECTOR
Name	STRANG BURGESS, MEREDITH N
Address	155 TUTTLE RD
City-State-Zip:	CUMBERLAND ME 04021

Title	DIRECTOR
Name	BOULOS, GREGORY W
Address	9 MAIDEN COVE LN
City-State-Zip:	CAPE ELIZABETH ME 04107

Title	D
Name	IPPOLITO, JOLAN F
Address	442 ELLIS RIVER ROAD
City-State-Zip:	RUMFORD POINTE ME 04276

Title	D
Name	LONGLEY, SARA C
Address	11 COLONIAL DR
City-State-Zip:	BRUNSWICK ME 04011

Title	CHAIRMAN
Name	SHEEHAN, MARY JANE
Address	2 PEPPERGRASS RD
City-State-Zip:	CAPE ELIZABETH MD 04107

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: JOHN T LEONARD — SVP, CFO & TREASURER — 01/26/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH, LANCE A
Address	99 FORT RD STE 1
City-State-Zip:	PRESQUE ISLE ME 04769