

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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 CEO
Name LEONARD, JOHN THOMAS
Address 261 COMMERCIAL STREET
PO BOX 11409
City-State-Zip: PORTLAND ME 04104

Title DIRECTOR
Name DENEKAS, CRAIG NORMAN
Address 261 COMMERCIAL STREET
PO BOX 11409
City-State-Zip: PORTLAND ME 04104

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

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

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

Title DIRECTOR
Name MCCRUM, BARRY DANA
Address 261 COMMERCIAL STREET
PO BOX 11409
City-State-Zip: PORTLAND ME 04104

Title DIRECTOR
Name RAPKIN, HILARY ANN
Address 261 COMMERCIAL STREET
PO BOX 11409
City-State-Zip: PORTLAND ME 04104

Title DIRECTOR
Name UMPHREY, ROBERT DALE
Address 261 COMMERCIAL STREET
City-State-Zip: PORTLAND ME 04101

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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: JOHN T. LEONARD**PRESIDENT & CEO****02/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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