

2014 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 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 UMPHREY, ROBERT D
Address 47 SECOND ST
City-State-Zip: PRESQUE ISLE ME 04769

Title D
Name GRAFFAM, WARD I
Address 29 ORCHARD STREET
City-State-Zip: PORTLAND ME 04102

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

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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

02/25/2014

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