

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002945

Entity Name: MEMIC CASUALTY COMPANY**Current Principal Place of Business:**261 COMMERCIAL STREET
PORTLAND, ME 04101**Current Mailing Address:**PO BOX 11409
PORTLAND, ME 04104 US**FEI Number:** 03-6009096**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERIOU, WANDA
5401 WEST KENNEDY BLVD
SUITE 610
TAMPA, FL 33609 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, PRESIDENT
Name	LEONARD, JOHN THOMAS
Address	261 COMMERCIAL STREET PO BOX 11409
City-State-Zip:	PORTLAND ME 04104

Title	COO, TREASURER
Name	MCGARVEY, DANIEL JOSEPH
Address	261 COMMERCIAL STREET PO BOX 11409
City-State-Zip:	PORTLAND ME 04104

Title	SECRETARY
Name	PFUNDSTEIN, DONALD JAMES
Address	261 COMMERCIAL STREET PO BOX 11409
City-State-Zip:	PORTLAND ME 04104

Title	DIRECTOR
Name	SHEEHAN, MARY JANE
Address	261 COMMERCIAL STREET PO BOX 11409
City-State-Zip:	PORTLAND ME 04104

Title	DIRECTOR
Name	GRAFFAM, WARD IRVING
Address	261 COMMERCIAL STREET PO BOX 11409
City-State-Zip:	PORTLAND ME 04104

Title	DIRECTOR
Name	LABBE, DAVID MARK
Address	261 COMMERCIAL STREET PO BOX 11409
City-State-Zip:	PORTLAND ME 04104

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