

**2021 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 US

**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, PRESIDENT, DIRECTOR  
Name BOURQUE, MICHAEL PETER  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR  
Name BOULOS, GREGORY WILLIAM  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

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

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

Title CHAIRMAN  
Name LABBE, DAVID MARK  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

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

Title DIRECTOR  
Name STRANG BURGESS, MEREDITH  
NANCY  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

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

**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: DANIEL J. MCGARVEY**

**SVP, CFO & TREASURER 01/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SMITH, LANCE AVERY  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title PRESIDENT, ATLANTIC REGION  
Name AUSTIN, EDWARD LUCAS III  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title SECRETARY, SENIOR VP EXTERNAL AFFAIRS  
Name PAYNE, ANTHONY MORRIS  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title SENIOR VP, UNDERWRITING OPERATIONS  
Name JAMISON, GREGORY GRANT  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title SENIOR VP, CLAIMS  
Name HARMON, MATTHEW HOWARD  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title CFO, TREASURER  
Name MCGARVEY, DANIEL JOSEPH  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title PRESIDENT, NORTHEAST REGION  
Name FUNK, JEFFRY DAVID  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title CAO, SENIOR VP  
Name LAMSON, CATHERINE FLAHERTY  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title SENIOR VP, LOSS CONTROL  
Name VAN SIEGFRIED, KARL  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101

Title ASST. SECRETARY  
Name HOWARD, CHRISTOPHER  
Address 261 COMMERCIAL STREET  
City-State-Zip: PORTLAND ME 04101