

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002635

FILED
Jan 25, 2013
Secretary of State
CC2431905959

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
P.O.BOX 6200 32314-6200
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 GRAFFAM, WARD I
Address 29 ORCHARD STREET
City-State-Zip: PORTLAND ME 04102

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

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

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

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

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

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

SVP, CFO & TREASURER 01/25/2013

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