

2016 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

FILED
Mar 29, 2016
Secretary of State
CC0486043389

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

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 CHAIRMAN
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 STRANG BURGESS, MEREDITH N
Address 155 TUTTLE RD
City-State-Zip: CUMBERLAND ME 04021

Title DIRECTOR
Name UMPHREY, ROBERT
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

03/29/2016

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