

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211508205

1.) CORPORATION NAME:

MEDMARC Mutual Insurance Company

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

KAREN M MURPHY

14280 PARK MEADOW DR STE 300

CHANTILLY, VA 20151

SCC ID NO: **F1180662**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 EAST STATE STREET
PO BOX 1309

CITY/ST/ZIP: MONTPELIER, VT 05601-1309

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARY TODD PETERSON
TITLE: P/CEO
ADDRESS: 14280 PARK MEADOW DR STE 300
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-2219

OFFICER

DIRECTOR

NAME: NIGEL GRIFFEY
TITLE: VP/CFO/TREAS
ADDRESS: 14280 PARK MEADOW DR STE 300
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-2219

OFFICER

DIRECTOR

NAME: KAREN M. MURPHY
TITLE: SECRETARY
ADDRESS: 14280 PARK MEADOW DR STE 300
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-2219

OFFICER

DIRECTOR

NAME: PHILIP M REILLY
TITLE: DIRECTOR
ADDRESS: KOL BIO-MEDICAL INSTRUMENTS, INC
PO BOX 220630 13901 WILLARD ROAD
CITY/ST/ZIP/CO: CHANTILLY, VA 22022-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KAREN M. MURPHY

KAREN M. MURPHY, SECRETARY

4/21/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.