

1.) CORPORATION NAME:

MMG Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

ME

DUE DATE: **2/29/2012**

SCC ID NO: **F1815275**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44 MAYSVILLE ST
PO BOX 729

CITY/ST/ZIP: PRESQUE ISLE, ME 04769-

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: MICHAEL M YOUNG
TITLE: SVP, CFO, TREAS
ADDRESS: MMG INSURANCE COMPANY
44 MAYSVILLE STREET, P. O. BOX 729
CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: LYNN M LOMBARD
TITLE: VICE PRESIDENT
ADDRESS: MMG INSURANCE COMPANY
44 MAYSVILLE STREET, P O BOX 729
CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: LARRY M SHAW
TITLE: PRESIDENT, CEO
ADDRESS: MMG INSURANCE COMPANY
44 MAYSVILLE STREET, P O BOX 729
CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: MATTHEW R MCHATTEN
TITLE: EVP, COO, SECRY
ADDRESS: MMG INSURANCE COMPANY
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OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN JAMES GALLANT VICE PRESIDENT 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN DAVID CHANDLER VICE PRESIDENT 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STACY LEE SHAW VICE PRESIDENT 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA JEAN JOHNSON VICE PRESIDENT 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY WILLIAM VEVRNON VICE PRESIDENT 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM EDWARD GAGNON DIRECTOR 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD WALKER PERKINS DIRECTOR 44 MAYSVILLE STREET PO BOPX 729 PRESQUE ISLE, ME 04769-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HENRY CASHWELL DIRECTOR 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAWN HILL DIRECTOR 44 MAYSVILLE STREET PO BOX 729 PRESQUE ISLE, ME 04769-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

OFFICER DIRECTOR

NAME: JON JOSEPH PRESCOTT
 TITLE: DIRECTOR
 ADDRESS: 44 MAYSVILLE STREET
 PO BOX 729
 CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: SAMUEL WILSON COLLINS
 TITLE: DIRECTOR
 ADDRESS: 44 MAYSVILLE STREET
 PO BOX 729
 CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: MICHAEL DAVID MCPHERSON
 TITLE: DIRECTOR
 ADDRESS: 44 MAYSVILLE STREET
 PO BOX 729
 CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: HAROLD ANTHONY DAKIN
 TITLE: DIRECTOR
 ADDRESS: 44 MAYSVILLE STREET
 PO BOX 729
 CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: JAY YORK MCCRUM
 TITLE: DIRECTOR
 ADDRESS: 44 MAYSVILLE STREET
 PO BOX 729
 CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

OFFICER DIRECTOR

NAME: LISA MARIE VENTRISS
 TITLE: DIRECTOR
 ADDRESS: 44 MAYSVILLE STREET
 PO BOX 729
 CITY/ST/ZIP/CO: PRESQUE ISLE, ME 04769-

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/ MICHAEL M YOUNG	MICHAEL M YOUNG, SVP, CFO, TREAS	1/16/2012
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.