

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 009 ***150.00

DOCUMENT # 840028

1. Entity Name
PEERLESS INDEMNITY INSURANCE COMPANY



Principal Place of Business ATLAS ASSURANCE CO. OF AMERICA 62 MAPLE AVE. KEENE, NH 03431 US	Mailing Address ATLAS ASSURANCE CO. OF AMERICA 62 MAPLE AVE. KEENE, NH 03431 US
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94043042



2. Principal Place of Business Peerless Indemnity Ins. Co. Suite, Apt. #, etc. 62 Maple Ave.	3. Mailing Address Peerless Indemnity Ins. Co. Suite, Apt. #, etc. 62 Maple Ave.
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02252004 Chg-P CR2E034 (10/03)

City & State Keene, NH	City & State Keene, NH	4. FEI Number 13-2919779	Applied For <input type="checkbox"/> Not Applicable
Zip 03431	Country USA	Zip 03431	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. City Plantation FL Zip Code 33324
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIENSEN, MICHAEL R 62 MAPLE AVE KEENE, NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Dwight W. Bowie 62 Maple Ave. Keene, NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD FIEBRINK, MARK E 62 MAPLE AVE KEENE, NH 03431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exe. Vice President Michael R. Christiansen 175 Berkley St. Boston, MA 02117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD JOHNSON, FORREST H 62 MAPLE AVE KEENE, NH 03431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary Michael J. DiRusso 62 Maple Ave. Keene, NH 03431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stephen D. Powell 13 Riverside Rd. Bldg 2 Weston, MA 02493 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael J. DiRusso** *Michael J. DiRusso* 2/25/04 603-352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #