

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840028

Entity Name: PEERLESS INDEMNITY INSURANCE COMPANY**Current Principal Place of Business:**27201 BELLA VISTA PARKWAY, SUITE 130
WARRENVILLE, IL 60555**Current Mailing Address:**175 BERKELEY ST
BOSTON, MA 02116 US**FEI Number:** 13-2919779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32314 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 PRESIDENT
Name MACPHEE, JAMES M
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116

Title TREASURER
Name YAHIA, LAURANCE H.S.
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116

Title DIRECTOR, SECRETARY
Name TOUHEY, MARK C.
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name JOHNSON, NEETI B
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name ERBIG, ALISON B.
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name FALLON, MICHAEL J
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name MORAHAN, ELIZABETH J
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name GRAHAM, STACIE T.
Address 27201 BELLA VISTA PARKWAY, SUITE
130
City-State-Zip: WARRENVILLE IL 60555

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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: MARK C. TOUHEY**SECRETARY****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAASE, JULIE M
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name HYLKA, STEPHEN
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name MCSWEENEY, SEAN B
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name GRAHAM, STACIE A.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name JOHNSTON, CHRISTOPHER
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name ROBINSON, FRANCIS W
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116