2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840028

Entity Name: PEERLESS INDEMNITY INSURANCE COMPANY

FILED Apr 28, 2017 Secretary of State CC8817070830

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:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

DIRECTOR

Title	D, PRESIDENT	Title	DIRECTOR

CONDRIN III, JAMES P MCANENA, STEPHEN J Name Name 175 BERKELEY ST. 175 BERKELEY ST. Address Address City-State-Zip: BOSTON MA 02116 BOSTON MA 02116 City-State-Zip:

Title D, DIRECTOR Title SEC, DIRECTOR

Name BESSETTE, KRISTEN M Name TOUHEY, MARK C. Address 175 BERKELEY ST. Address 175 BERKELEY ST. BOSTON MA 02116 City-State-Zip: City-State-Zip: BOSTON MA 02116

Title DIRECTOR Title **DIRECTOR**

Name MICHEL, DEBORAH L. ERBIG. ALISON B. Name Address 175 BERKELEY STREET 175 BERKELEY ST. Address City-State-Zip: BOSTON MA 02116 City-State-Zip: BOSTON MA 02116

Title DIRECTOR

ORTIZ, RODOLFO Name MORAHAN, ELIZABETH J Name

175 BERKELEY STREET Address 175 BERKELEY STREET Address City-State-Zip: BOSTON MA 02116 BOSTON MA 02116 City-State-Zip:

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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.

04/28/2017 SIGNATURE: MARK C. TOUHEY **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name DOYLE, JOHN D Name REY, RICHARD T.

Address 175 BERKELEY STREET Address 175 BERKELEY STREET

City-State-Zip: BOSTON MA 02116

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