

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801616

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** THE EMPLOYERS FIRE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE BEACON LANE  
CANTON, MA 02021

**New Principal Place of Business:**

150 ROYALL STREET  
CANTON, MA 02021

**Current Mailing Address:**

ONE BEACON LANE  
CANTON, MA 02021

**New Mailing Address:**

150 ROYALL STREET  
CANTON, MA 02021

**FEI Number:** 04-1288420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: ARCHIMEDES, ALEX C  
Address: 44 WHIPPANY ROAD  
City-St-Zip: MORRISTOWN, NJ 07960

Title: DP  
Name: RICH, BRADFORD W  
Address: 150 ROYALL STREET  
City-St-Zip: CANTON, MA 02021

Title: S  
Name: MCCARTHY, VIRGINIA A  
Address: 150 ROYALL STREET  
City-St-Zip: CANTON, MA 02021

Title: DC  
Name: MILLER, TIMOTHY M  
Address: 601 CARLSON PARKWAY  
City-St-Zip: MINNETONKA, MN 55305

Title: DV  
Name: MCDONOUGH, PAUL H  
Address: 601 CARLSON PARKWAY  
City-St-Zip: MINNETONKA, MN 55305

Title: T  
Name: MILLS, TODD C  
Address: 150 ROYALL STREET  
City-St-Zip: CANTON, MA 02021

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: VIRGINIA A. MCCARTHY

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01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date