

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840028

FILED
Apr 29, 2010
Secretary of State

Entity Name: PEERLESS INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

3333 WARRENVILLE ROAD
LISLE, IL 60532 US

New Principal Place of Business:

Current Mailing Address:

175 BERKELEY ST
BOSTON, MA 02116 US

New Mailing Address:

FEI Number: 13-2919779

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 32314 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO
Name: GREGG, GARY R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: DCFO
Name: FALLON, MICHAEL J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: SEC
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: D
Name: MANSFIELD, CHRISTOPHER C
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: VP
Name: OSTROW, GARY J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

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: KRISTIN K. CIOTTI

ASEC

04/29/2010

Electronic Signature of Signing Officer or Director

Date