

1.) CORPORATION NAME:

THE EMPLOYERS' FIRE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
CHARLES F MIDKIFF
300 ARBORETUM PLACE STE 420
RICHMOND, VA 23236**

DUE DATE: **10/31/2011**

SCC ID NO: **F0025371**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 ROYALL STREET

CITY/ST/ZIP: CANTON, MA 02021-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: T MICHAEL MILLER
TITLE: CHAIRMAN
ADDRESS: 601 CARLSON PKWY
STE 600
CITY/ST/ZIP/CO: MINNETONKA, MN 55305-

OFFICER

DIRECTOR

NAME: DANA P HENDERSHOTT
TITLE: SR VP/CAO
ADDRESS: 150 ROYALL STREET
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

DIRECTOR

NAME: THOMAS N SCHMITT
TITLE: SR VP
ADDRESS: 601 CARLSON PKWY
STE 600
CITY/ST/ZIP/CO: MINNETONKA, MN 55305-

OFFICER

DIRECTOR

NAME: ALEX C ARCHIMEDES
TITLE: SVP
ADDRESS: 44 WHIPPANY ROAD
CITY/ST/ZIP/CO: MORRISTOWN, NJ 07960-

OFFICER

DIRECTOR

NAME: DENNIS R SMITH
TITLE: SECRETARY
ADDRESS: 150 ROYALL STREET
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

DIRECTOR

NAME: JANE FREEDMAN TITLE: DIRECTOR ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOAN GEDDES TITLE: ASST SECRETARY ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSETTE KIEL TITLE: SR VP/CUO ADDRESS: 8000 IH 10 WEST STE 1045 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL MCDONOUGH TITLE: SR VP/CFO ADDRESS: 601 CARLSON PKWY STE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN POOLE TITLE: SR VP/C ACTUARY ADDRESS: 601 CARLSON PKWY STE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRADFORD RICH TITLE: PRESIDENT/GC ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS SCHMITT TITLE: SR VP/ C HR ADDRESS: 601 CARLSON PKWY STE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TODD MILLS TITLE: VP/TREASURER ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DENNIS R SMITH	DENNIS R SMITH, SECRETARY	9/9/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.