

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212540454

1.) CORPORATION NAME:

**THE EMPLOYERS' FIRE INSURANCE COMPANY**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES F MIDKIFF  
MIDKIFF MUNCIE & ROSS PC  
300 ARBORETUM PLACE STE 420**

SCC ID NO: **F0025371**

**RICHMOND, VA 23236**

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: 601 CARLSON PARKWAY

CITY/ST/ZIP: MINNETONKA, MN 55305

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: BRADFORD RICH  
TITLE: PRESIDENT/CEO  
ADDRESS: 150 ROYALL STREET  
CITY/ST/ZIP/CO: CANTON, MA 02021

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: JOSETTE KIEL  
TITLE: SR VP/CUO  
ADDRESS: 8000 IH 10 WEST  
STE 1045  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230

OFFICER

DIRECTOR

NAME: PAUL MCDONOUGH  
TITLE: SR VP/CFO  
ADDRESS: 601 CARLSON PKWY  
STE 600  
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

OFFICER

DIRECTOR

NAME: BRIAN POOLE  
TITLE: SR VP/C ACTUARY  
ADDRESS: 601 CARLSON PKWY  
STE 600  
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS SCHMITT SR VP/ C HR 601 CARLSON PKWY STE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD MILLS VP/TREASURER 150 ROYALL STREET CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN GEDDES ASST SECRETARY 150 ROYALL STREET CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T MICHAEL MILLER CHAIRMAN 601 CARLSON PKWY STE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE FREEDMAN DIRECTOR 150 ROYALL STREET CANTON, MA 02021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA MCCARTHY SECRETARY 150 ROYALL ST CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN DUFFY SR VP/C CLAIMS 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN PHILLIPS SR VP/GC 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT MCCLINTOCK SR VP/CIO 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<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/ VIRGINIA MCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA MCCARTHY, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/19/2012 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.			