

1.) CORPORATION NAME:

**PEERLESS INSURANCE COMPANY**

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0064966**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000
PREFER	113,043

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 62 MAPLE AVE

CITY/ST/ZIP: KEENE, NH 99999-

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.

OFFICER

DIRECTOR

NAME: MICHAEL J FALLON  
TITLE: CFO/T/VP  
ADDRESS: 175 BERKELEY ST  
CITY/ST/ZIP/CO: BOSTON, MA 02116-

OFFICER

DIRECTOR

NAME: JOSEPH A GILLES  
TITLE: EXEC VP  
ADDRESS: 175 BERKELEY STREET  
CITY/ST/ZIP/CO: BOSTON, MA 02117-

OFFICER

DIRECTOR

NAME: KRISTIN K CIOTTI  
TITLE: ASST S  
ADDRESS: 175 BERKELEY ST  
CITY/ST/ZIP/CO: BOSTON, MA 02116-

OFFICER

DIRECTOR

NAME: ANTHONY A FONTANES  
TITLE: EVP-CIO  
ADDRESS: 175 BERKELEY STREET  
CITY/ST/ZIP/CO: BOSTON, MA 02117-

OFFICER

DIRECTOR

NAME: J. PAUL CONDRIN III  
TITLE: P/CEO  
ADDRESS: 175 BERKELEY ST  
CITY/ST/ZIP/CO: BOSTON, MA 02117-

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.

<u>/s/ KRISTIN K CIOTTI</u>	<u>KRISTIN K CIOTTI, ASST S</u>	<u>5/16/2011</u>
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.