

1.) CORPORATION NAME:

ELECTRIC INSURANCE COMPANY

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0196164**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 75 SAM FONZO DRIVE

CITY/ST/ZIP: BEVERLY, MA 01915

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARC A MEICHES	
TITLE:	P/CEO	
ADDRESS:	43 PAINE AVENUE	
CITY/ST/ZIP/CO:	BEVERLY, MA 01915	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS A BOTTICCHIO	
TITLE:	VP/CFO/D	
ADDRESS:	127 ABRINGTON ROAD	
CITY/ST/ZIP/CO:	DANVERS, MA 01923	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL CRASNICK	
TITLE:	VICE PRESIDENT	
ADDRESS:	55 STONEYMEADE WAY	
CITY/ST/ZIP/CO:	ACTON, MA 01729	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID M GREENBAUM	
TITLE:	VP/GC/CLO S/C	
ADDRESS:	5 FAIRVIEW TERRACE	
CITY/ST/ZIP/CO:	WINCHESTER, MA 01890	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NICHOLAS L SCHULSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	6 LUCEY DRIVE	
CITY/ST/ZIP/CO:	NEWBURY PORT, MA 01950	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Gerard P McCarthy	
TITLE:	VICE PRESIDENT	
ADDRESS:	75 Sam Fonzo Drive	
CITY/ST/ZIP/CO:	Beverly, MA 01915	

NAME: Douglas Wm Barnert TITLE: DIRECTOR ADDRESS: 75 Sam Fonzo Drive CITY/ST/ZIP/CO: Beverly, MA 01915	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John T Farady TITLE: DIRECTOR ADDRESS: 75 Sam Fonzo Drive CITY/ST/ZIP/CO: Beverly, MA 01915	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Maria B McGrath TITLE: TREASURER ADDRESS: 75 Sam Fonzo Drive CITY/ST/ZIP/CO: Beverly, MA 01915	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Erica H Wilson TITLE: ASST SECRETARY ADDRESS: 75 Sam Fonzo Drive CITY/ST/ZIP/CO: Beverly, MA 01915	<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/ Erica HWilson	Erica HWilson, <small>PRINTED NAME AND CORPORATE TITLE</small>	5/21/2012 <small>DATE</small>
<small>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.</small>		