

1.) CORPORATION NAME: **Peerless Indemnity Insurance Company** DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CORPORATION SERVICE COMPANY** SCC ID NO: **F1545674**
Bank of America Center, 16th Floor
1111 East Main Street

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **RICHMOND, VA 23219**

4.) STATE OR COUNTRY OF INCORPORATION: **IL**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3333 WARRENVILLE RD
CITY/ST/ZIP: LISLE, IL 60532

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: J. PAUL CONDRIN III TITLE: PRESIDENT ADDRESS: 175 BERKELEY ST CITY/ST/ZIP/CO: BOSTON, MA 02116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KRISTIN K. CIOTTI TITLE: A SEC ADDRESS: 175 BERKELEY ST CITY/ST/ZIP/CO: BOSTON, MA 02117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MICHAEL J FALLON TITLE: TREAS/DIR ADDRESS: 175 BERKELEY ST CITY/ST/ZIP/CO: BOSTON, MA 02117	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DEXTER R LEGG TITLE: SECRETARY ADDRESS: 175 BERKELEY ST CITY/ST/ZIP/CO: BOSTON, MA 02117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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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/ KRISTIN K. CIOTTI	KRISTIN K. CIOTTI, A SEC	5/10/2012
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.