

**2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



- 1. CORPORATION NAME:
THE EMPLOYERS' FIRE INSURANCE COMPANY
- 2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
CORPORATION SERVICE COMPANY
100 Shockoe Slip Fl 2
Richmond, VA 23219-4100
- 3. CITY OR COUNTY OF VA REGISTERED OFFICE:
216-RICHMOND CITY
- 4. STATE OR COUNTRY OF INCORPORATION:
PA-PENNSYLVANIA

DUE DATE: 10/31/19

SCC ID NO.: F002537-1

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 60,000

SCC REPORTS OFFICE
 2019 OCT -8 AM 10:35

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 1880 JFK BOULEVARD SUITE 801 CITY/ST/ZIP PHILADELPHIA, PA 19103	ADDRESS: CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: J. MARCUS DURAN TITLE: PRESIDENT ADDRESS: 1880 JFK BLVD SUITE 801 CITY/ST/ZIP: PHILADELPHIA, PA 19103	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: J. MARCUS DORAN TITLE: PRESIDENT ADDRESS: 1880 JFK BLVD SUITE 801 CITY/ST/ZIP: PHILADELPHIA PA 19103

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I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
 LISTED IN THIS REPORT

Terri R. Weaver, Assistant Secretary
 PRINTED NAME AND CORPORATE TITLE

October 4, 2019
 DATE

2019 ANNUAL REPORT CONTINUED

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THE EMPLOYERS' FIRE INSURANCE COMPANY

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: BRIAN SCHLEIDER TITLE: TREASURER ADDRESS: 1880 JFK BOULEVARD SUITE 801 CITY/ST/ZIP: PHILADELPHIA, PA 19103</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TERRI R. WEAVER TITLE: ASST SECRETARY ADDRESS: 1880 JFK BOULEVARD STE 801 SUIRE 801 CITY/ST/ZIP: PHILADELPHIA, PA 19103</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TERRI R. WEAVER TITLE: ASST SECRETARY/SECRETARY ADDRESS: 1880 JFK BOULEVARD SUITE 801 CITY/ST/ZIP: PHILADELPHIA, PA 19103</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: BRAD HUNTINGTON TITLE: DIRECTOR ADDRESS: 1880 JFK BLVD SUITE 801 CITY/ST/ZIP: PHILADELPHIA, PA 18103</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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