

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000254 (2)**

1. Corporation Name  
**EXECUTIVE RISK INDEMNITY INC.**



Principal Place of Business <b>82 HOPMEADOW STREET SIMSBURY CT 06070-0129</b>	Mailing Address <b>82 HOPMEADOW STREET SIMSBURY CT 06089-9694</b>
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3. Date Incorporated or Qualified <b>01/19/1994</b>	3a. Date of Last Report <b>02/20/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>13-2912259</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>KULLAS, ROBERT</b>	
STREET ADDRESS <b>81 STONEFIELD TRAIL</b>	
CITY-ST-ZIP <b>SOUTH WINDSOR CT</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>SILLS, STEPHEN J</b>	
STREET ADDRESS <b>17 ORCHARD ROAD</b>	
CITY-ST-ZIP <b>WEST HARTFORD CT</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BENANAV, GARY G</b>	
STREET ADDRESS <b>20 NORTHMOOR ROAD</b>	
CITY-ST-ZIP <b>WEST HARTFORD CT</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GOLDBERG, PETER</b>	
STREET ADDRESS <b>16 ALVERNO COURT</b>	
CITY-ST-ZIP <b>REDWOOD CA</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>FITZPATRICK JR, JAMES A</b>	
STREET ADDRESS <b>9 STANWICH LANE</b>	
CITY-ST-ZIP <b>GREENWICH CT</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DALRYMPLE, DOUGLAS J</b>	
STREET ADDRESS <b>4 FERNHURST</b>	
CITY-ST-ZIP <b>FARMINGTON CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>Vice Chairman &amp; Chief</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Operating Officer</b>	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>President &amp; Chief</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Underwriting Officer</b>	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Jeffrey Howard Koenig</b>	
6.3 STREET ADDRESS <b>12 Squadron Line Road</b>	
6.4 CITY-ST-ZIP <b>Simsbury CT. 06070</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)