

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


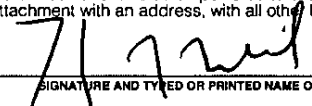
**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90001 008 \*\*\*150.00

**50002286**



01042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F94000000254</b>					
1. Entity Name <b>EXECUTIVE RISK INDEMNITY INC.</b>					
Principal Place of Business <b>82 HOPMEADOW STREET SIMSBURY, CT 06070-0129</b>			Mailing Address <b>ATTN: PAT TOMCZYK 15 MOUNTAIN VIEW RD WARREN, NJ 07059</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-2912259</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO COX, ROBERT C 3 MOUNTAIN VIEW RD WARREN, NJ 07059 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, TERRENCE W 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONNER, JAMES D 3 MOUNTAIN VIEW RD WARREN, NJ 07059 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP GULICK, HENRY J 15 MOUNTAIN VIEW RD WARREN, NJ 07059 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FITZPATRICK, SEAN M 82 HOPMEADOW ST SIMSBURY, CT 06070 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MOTAMED, THOMAS F 15 MOUNTAIN VIEW RD WARREN, NJ 07059 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Henry G. Gulick 1-4-05 (908) 903-3561			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

# ATTACHMENT

50002286  
# F94000000254

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## Executive Risk Indemnity Inc.

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### *Elected Officers*

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#### **CHAIRMAN**

Thomas F. Motamed

#### **PRESIDENT & CHIEF EXECUTIVE OFFICER**

Robert C. Cox

#### **SENIOR VICE PRESIDENTS**

Sean M. Fitzpatrick

Joseph C. O'Donnell

Michael O'Reilly

#### **VICE PRESIDENTS**

John C. Anderson

Gregory P. Barabas

Arthur J. Beaver

Christine A. Dart

Anthony S. Galban

Kim D. Hogrefe

Susan R. Huntington

Christopher M. Mango

Robert A. Marzocchi

#### **VICE PRESIDENT & ACTUARY**

David G. Hartman

#### **VICE PRESIDENT & GENERAL COUNSEL**

David C. Robinson

#### **VICE PRESIDENT & SECRETARY**

Henry G. Gulick

#### **VICE PRESIDENT & TREASURER**

Douglas A. Nordstrom

# ATTACHMENT

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## *Elected Officers*

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### VICE PRESIDENT & ASSISTANT SECRETARY

Amelia C. Lynch

ATTACHMENT

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## Executive Risk Indemnity Inc.

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### *Directors*

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#### **DIRECTORS**

James P. Bronner

Terrence W. Cavanaugh

Robert C. Cox

Henry G. Gulick

Thomas F. Motamed