

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000254

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: EXECUTIVE RISK INDEMNITY INC.

## Current Principal Place of Business:

82 HOPMEADOW STREET  
SIMSBURY, CT 060700129

## New Principal Place of Business:

## Current Mailing Address:

ATTN: PAT TOMCZYK  
15 MOUNTAIN VIEW RD  
WARREN, NJ 07059

## New Mailing Address:

FEI Number: 13-2912259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPCO ( ) Delete  
Name: COX, ROBERT C  
Address: 3 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: DCM ( ) Delete  
Name: DEGNAN, JOHN J  
Address: 15 MOUNTAIN VIEW ROAD  
City-St-Zip: WARREN, NJ 07059

Title: D ( ) Delete  
Name: BRONNER, JAMES D  
Address: 3 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: VPSD ( ) Delete  
Name: MACAN, WILLIAM A  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: SVP ( ) Delete  
Name: O'REILLY, MICHAEL  
Address: 15 MOUNTAIN VIEW ROAD  
City-St-Zip: WARREN, NJ 07059

Title: VPT ( ) Delete  
Name: NORDSTROM, DOUGLAS A  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA TOMCZYK

AS

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date