## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000000254

Entity Name: EXECUTIVE RISK INDEMNITY INC.

FILED Jan 03, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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82 HOPMEADOW STREET SIMSBURY, CT 060700129

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DPCO

Name: COX, ROBERT C Address: 3 MOUNTAIN VIEW RD City-St-Zip: WARREN, NJ 07059

Title: DC

Name: KRUMP, PAUL J

Address: 15 MOUNTAIN VIEW ROAD City-St-Zip: WARREN, NJ 07059

Title:

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

Title: VPSD

 Name:
 MACAN, WILLIAM A

 Address:
 15 MOUNTAIN VIEW RD

 City-St-Zip:
 WARREN, NJ 07059

Title: [

 Name:
 ROBUSTO, DINO E

 Address:
 15 MOUNTAIN VIEW ROAD

 City-St-Zip:
 WARREN, NJ 07059

Title: VPT

Name: NORDSTROM, DOUGLAS A Address: 15 MOUNTAIN VIEW RD City-St-Zip: WARREN, NJ 07059

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA TOMCZYK AS 01/03/2012