

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004556

**Entity Name:** CATLIN INDEMNITY COMPANY**Current Principal Place of Business:**C/O THE CORPORATION TRUST CO.  
1209 ORANGE STREET  
WILMINGTON, DE 19801**Current Mailing Address:**3340 PEACHTREE ROAD NE  
SUITE 2950  
ATLANTA, GA 30326**FEI Number:** 52-0249520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name BROOKS, DAVID D  
Address 100 CONSTITUTION PLAZA  
City-State-Zip: HARTFORD CT 06103

Title VP, TREASURER  
Name CARINO, III, GABRIEL G  
Address 70 SEAVIEW AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name DIVIRGILIO, JAMES M  
Address 100 CONSTITUTION PLAZA  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR, EXECUTIVE VICE PRESIDENT  
Name GREGGAINS, NICHOLAS J  
Address 100 CONSTITUTION PLAZA  
City-State-Zip: HARTFORD CT 06103

Title SENIOR VICE PRESIDENT, GENERAL COUNSEL  
Name KERRIGAN, URSULA M  
Address 200 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR, EXECUTIVE VICE PRESIDENT  
Name NADEAU, DONNA M  
Address 200 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name NORRIS, JAMES M  
Address 100 CONSTITUTION PLAZA  
City-State-Zip: HARTFORD CT 06103

Title VP, SECRETARY  
Name PERKINS, TONI A  
Address 70 SEAVIEW AVENUE  
City-State-Zip: STAMFORD CT 06902

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*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:** KAREN CLAUSI**ASSISTANT SECRETARY** 03/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, EXECUTIVE VICE PRESIDENT  
Name SHINE, ROBERT M  
Address 200 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title VP, CONTROLLER  
Name WILL , ANDREW R  
Address 100 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY  
Name CLAUSI, KAREN M  
Address 70 SEAVIEW AVENUE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, PRESIDENT, CEO  
Name TOCCO, JOSEPH A  
Address 200 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name ZIMMERMAN, TODD D  
Address 505 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341