

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000254

Entity Name: EXECUTIVE RISK INDEMNITY INC.**Current Principal Place of Business:**82 HOPMEADOW STREET
SIMSBURY, CT 06070-0129**Current Mailing Address:**ATTN: MADELYN BALLESTEROS
15 MOUNTAIN VIEW RD
WARREN, NJ 07059 US**FEI Number:** 13-2912259**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 DPCO
Name COX, ROBERT C
Address 3 MOUNTAIN VIEW RD
City-State-Zip: WARREN NJ 07059Title DC
Name KRUMP, PAUL J
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059Title VPSD
Name BRUNDAGE, MAUREEN A
Address 15 MOUNTAIN VIEW RD
City-State-Zip: WARREN NJ 07059Title VPT
Name PACICCO, DANIEL A
Address 15 MOUNTAIN VIEW RD
City-State-Zip: WARREN NJ 07059Title D
Name MORRISON, HAROLD L.
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059Title D
Name MALONEY, MICHAEL J.
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059Title ASSISTANT SECRETARY
Name BALLESTEROS, MADELYN A.
Address ATTN:;MADELYN BALLESTEROS
15 MOUNTAIN VIEW RD
City-State-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: MADELYN BALLESTEROS**ASSISTANT SECRETARY** 02/04/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date