2015 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: PAT TOMCZYK 15 MOUNTAIN VIEW RD WARREN, NJ 07059

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

FILED Jan 08, 2015

Secretary of State

CC9260776588

Officer/Director Detail:

Title DPCO Title DC

Name COX, ROBERT C Name KRUMP, PAUL J

Address 3 MOUNTAIN VIEW RD Address 15 MOUNTAIN VIEW ROAD

City-State-Zip: WARREN NJ 07059 City-State-Zip: WARREN NJ 07059

Title VPSD Title D

Name BRUNDAGE, MAUREEN A Name ROBUSTO, DINO E

Address 15 MOUNTAIN VIEW RD Address 15 MOUNTAIN VIEW ROAD

City-State-Zip: WARREN NJ 07059 City-State-Zip: WARREN NJ 07059

Title VPT Title D

NameNORDSTROM, DOUGLAS ANameMORRISON, HAROLD L.Address15 MOUNTAIN VIEW RDAddress15 MOUNTAIN VIEW ROAD

City-State-Zip: WARREN NJ 07059 City-State-Zip: WARREN NJ 07059

Title D Title ASSISTANT SECRETARY

Name MALONEY, MICHAEL J. Name TOMCZYK, PATRICIA A.

Address 15 MOUNTAIN VIEW ROAD Address ATTN: PAT TOMCZYK 15 MOUNTAIN VIEW RD

City-State-Zip: WARREN NJ 07059 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: PATRICIA TOMCZYK

ASSISTANT SECRETARY

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date