2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F94000000254

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

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: D
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: D
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 01/04/2011

Electronic Signature of Signing Officer or Director — Date