2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Current Principal Place of Business:

436 WALNUT ST
PHILADELPHIA, PA 19106

Current Mailing Address:

436 WALNUT ST
PHILADELPHIA, PA 19106 US

FEI Number: 06-1016108

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
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	DIRECTOR, PRESIDENT
Name	LUPICA, JOHN J
Address	436 WALNUT ST
City-State-Zip:	PHILADELPHIA PA 19106

Title	SECRETARY, VP
Name	COLLINS, REBECCA L
Address	111 E. WACKER DRIVE
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT
Name	ALFIERI, JOHN M
Address	1133 AVENUE OF THE AMERICAS 41ST
City-State-Zip:	NEW YORK NY 10036

Title	ASST. SECRETARY
Name	SCHWEIDEL , JULIET
Address	436 WALNUT ST WA04N
City-State-Zip:	PHILADELPHIA PA 19106

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: JULIET SCHWEIDEL ASSISTANT SECRETARY 01/23/2018

Electronic Signature of Signing Officer/Director Detail — Date