

1.) CORPORATION NAME:

**EXECUTIVE RISK INDEMNITY INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **5/31/2012**

SCC ID NO: **F1141144**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 MOUNTAIN VIEW RD  
P O BOX 1615

CITY/ST/ZIP: WARREN, NJ 07061-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT CHANTRY COX	
TITLE:	P/CEO	
ADDRESS:	3 MOUNTAIN VIEW RD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	W ANDREW MACAN	
TITLE:	VP/S	
ADDRESS:	15 MOUNTAIN VIEW ROAD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOUGLAS A NORDSTROM	
TITLE:	VP/T	
ADDRESS:	15 MOUNTAIN VIEW RD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL J. KRUMP	
TITLE:	CHAIRMAN	
ADDRESS:	15 MOUNTAIN VIEW ROAD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES P BRONNER	
TITLE:	DIRECTOR	
ADDRESS:	3 MOUNTAIN VIEW RD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059-	

NAME: HAROLD L. MORRISON, JR. TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DINO E. ROBUSTO TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PATRICIA TOMCZYK TITLE: ASST SECRETARY ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ PATRICIA TOMCZYK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA TOMCZYK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/13/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		