


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 802256
 1. Entity Name
AMERICAN EMPLOYERS' INSURANCE COMPANY



Principal Place of Business ATTN: TAX DEPT. ONE BEACON ST BOSTON, MA 02108	Mailing Address ATTN: TAX DEPT. ONE BEACON ST BOSTON, MA 02108
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-1027270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOUEL, CHARLES B ONE BEACON STREET BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARCHIMEDÉS, ALEX C ONE BEACON STREET BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVOORES, JOHN P ONE BEACON STREET BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DENNIS R ONE BEACON STREET BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALEAZ, GREGORY R ONE BEACON STREET BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOWARD, RICHARD ONE BEACON STREET BOSTON, MA 02108

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 03/07/05-80077-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis R Smith* 2/1/05 617-725-7430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #