

2007 FOR PROFIT CORPORATION ANNUAL REPORT


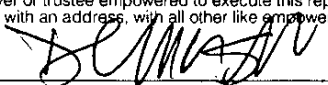
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May 21, 2007 8:00 am
Secretary of State

05-21-2007 90059 031 ***150.00

40117256



05082007 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box # <i>One Beacon Lane</i> Suite, Apt. #, etc.		3. Mailing Address <i>One Beacon Lane</i> Suite, Apt. #, etc.	
City & State <i>Canton, MA</i>		City & State <i>Canton, MA</i>	
Zip <i>02021</i>	Country <i>USA</i>	Zip <i>02021</i>	Country <i>USA</i>
4. FEI Number 04-1027270		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B	NAME	
STREET ADDRESS	370 CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	GUILFORD, CT 06437	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHIMEDES, ALEX C	NAME	
STREET ADDRESS	ONE BEACON STREET	STREET ADDRESS	<i>One Beacon Lane</i>
CITY-ST-ZIP	BOSTON, MA 02108	CITY-ST-ZIP	<i>Canton, MA 02021</i>
TITLE	DCP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, T M	NAME	
STREET ADDRESS	ONE BEACON ST	STREET ADDRESS	<i>One Beacon Lane</i>
CITY-ST-ZIP	BOSTON, MA 02108	CITY-ST-ZIP	<i>Canton, MA 02021</i>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DENNIS R	NAME	
STREET ADDRESS	ONE BEACON STREET	STREET ADDRESS	<i>One Beacon Lane</i>
CITY-ST-ZIP	BOSTON, MA	CITY-ST-ZIP	<i>Canton, MA 02021</i>
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, PAUL H	NAME	
STREET ADDRESS	ONE BEACON STREET	STREET ADDRESS	<i>One Beacon Lane</i>
CITY-ST-ZIP	BOSTON, MA 02108	CITY-ST-ZIP	<i>Canton, MA 02021</i>
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, BRIAN D	NAME	
STREET ADDRESS	ONE BEACON STREET	STREET ADDRESS	<i>One Beacon Lane</i>
CITY-ST-ZIP	BOSTON, MA 02108	CITY-ST-ZIP	<i>Canton, MA 02021</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: <i>781-332-7000</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT 40117256

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American Employers' Insurance Company

Document # 802256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/V
CARNASE, ANDREW C
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
DALY, MICHAEL J
1500 SPRING GARDEN STREET
PHILADELPHIA, PA 19130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DORCUS, MARK K
370 CHURCH STREET
GUILFORD, CT 06437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
FAZZIE, EUGENE C
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/V/CAO
HENDERSHOTT, DANA P
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
KEANE, MICHAEL J
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/V/GENERAL COUNSEL/DIRECTOR OF GOVERNMENT AFFAIRS
LAWRENCE, JENNIFER E
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MCSALLY, MICHAEL J
22 TIDEWATER FARM ROAD
GREENLAND, NH 03840

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MEUSCHKE, JOHN M
9031 WILDLIFE LOOP
SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/T
MILLS, TODD C
ONE BEACON LANE
CANTON, MA 02021

ATTACHMENT

40117256
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/CIO
NATAN, MICHAEL F
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
NIBOUAR, DONALD P
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
REHNBERG, KEVIN J
601 CARLSON PARKWAY
MINNETONKA, MN 55305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV/CHIEF HUMAN RESOURCES OFFICER
SCHMITT, THOMAS N
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SIBILIA, PHILIP A
ONE BEACON LANE
CANTON, MA 02021