

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90067 004 \*\*\*158.75

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-1027270**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AT**  Delete  
NAME **PERLMAN, ROBERT S.**  
STREET ADDRESS **ONE BEACON STREET**  
CITY-ST-ZIP **BOSTON MA**

TITLE *Director Chair, Chief Admin. officer*  Change  Addition  
NAME *Chokel, Charles B.*  
STREET ADDRESS *One Beacon St.*  
CITY-ST-ZIP *Boston, MA 02108*

TITLE **VD**  Delete  
NAME **WEBER, JOHN A.**  
STREET ADDRESS **ONE BEACON STREET**  
CITY-ST-ZIP **BOSTON MA**

TITLE *Director, VP*  Change  Addition  
NAME *Archimedes, Alex C.*  
STREET ADDRESS *One Beacon St.*  
CITY-ST-ZIP *Boston, MA 02108*

TITLE **PD**  Delete  
NAME **CAVOORES, JOHN P**  
STREET ADDRESS **ONE BEACON STREET**  
CITY-ST-ZIP **BOSTON MA 02108**

TITLE *Pres, Coo, Director*  Change  Addition  
NAME *Cavoores, John P.*  
STREET ADDRESS *One Beacon St.*  
CITY-ST-ZIP *Boston, MA 02108*

TITLE **S**  Delete  
NAME **SMITH, DENNIS R**  
STREET ADDRESS **ONE BEACON STREET**  
CITY-ST-ZIP **BOSTON MA**

TITLE *Director, VP*  Change  Addition  
NAME *Davis, Morgan W.*  
STREET ADDRESS *One Beacon St, Boston, MA 02108*

TITLE **PCOD**  Delete  
NAME **RITCHIE, JAMES J**  
STREET ADDRESS **ONE BEACON STREET**  
CITY-ST-ZIP **BOSTON MA 02108**

TITLE *Director, VP*  Change  Addition  
NAME *Ritchie, James J.*  
STREET ADDRESS *One Beacon St.*  
CITY-ST-ZIP *Boston, MA 02108*

TITLE **VD**  Delete  
NAME **BRAZUSKAS, VINCENT A**  
STREET ADDRESS **ONE BEACON STREET**  
CITY-ST-ZIP **BOSTON MA**

TITLE *Director, VP*  Change  Addition  
NAME *Howard, Richard P.*  
STREET ADDRESS *One Beacon St.*  
CITY-ST-ZIP *Boston, MA 02108*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **DAVID R. SMITH** *DAVID R. SMITH* **DAVID R. SMITH** *DAVID R. SMITH* **DAVID R. SMITH**  
DATE: **3-3-03**  
DAYTIME PHONE: **617-725-6000**

CR2E034 (10/02)

ATTACHMENT

90061897

DOC# 802256

Officers / Directors List

**Alex C. Archimedes**

**Sr. VP and Director**

**131 Morristown Rd., Basking Ridge, NY 07920**

**Andrew C. Carnase**

**Sr. VP and Director**

**One Beacon St., Boston, MA 02108**

**John P. Cavoores**

**President, Chief Operating Officer and Director**

**One Beacon St., Boston, MA 02108**

**Charles B. Chokel**

**Chairman, Chief Administrative Officer and Director**

**One Beacon St., Boston, MA 02108**

**Morgan W. Davis**

**Sr. VP and Director**

**One Beacon St., Boston, MA 02108**

**Richard C. Hirtle**

**Treasurer**

**One Beacon St., Boston, MA 02108**

**Richard P. Howard**

**Sr. VP and Director**

**370 Church St., Guilford, CT 06437**

**Stuart N. Lerwick**

**Sr. VP and Director**

**One Beacon St., Boston, MA 02108**

**James J. Ritchie**

**Sr. VP and Director**

**One Beacon St., Boston, MA 02108**

**Roger M. Singer**

**Sr. VP and Director**

**One Beacon St., Boston, MA 02108**

**Dennis R. Smith**

**Secretary**

**One Beacon St., Boston, MA 02108**