

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821776

FILED
Apr 20, 2011
Secretary of State

Entity Name: ACE AMERICAN INSURANCE COMPANY

Current Principal Place of Business:

436 WALNUT ST
PHILADELPHIA, PA 19106

New Principal Place of Business:

Current Mailing Address:

436 WALNUT ST
PHILADELPHIA, PA 19106

New Mailing Address:

FEI Number: 95-2371728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: LUPICA, JOHN J
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106

Title: DEV
Name: KESSLER, BRUCE L
Address: 500 COLONIAL CENTER PARKWAY
City-St-Zip: ROSWELL, GA 30076

Title: DEV
Name: CURCIO, WILLIAM N
Address: 1133 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: S
Name: GIGANTI, CARMINE A
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106

Title: AS
Name: CALLIHAN, JUDITH M
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106

Title: SVD
Name: GARRIGAN, WILLIAM P
Address: 500 COLONIAL CENTER PKWY
City-St-Zip: ROSWELL, GA 30076

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: CARMINE A. GIGANTI

SECR

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date