

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 04, 2012
Secretary of State

Entity Name: ASPEN INSURANCE US SERVICES, INC.

Current Principal Place of Business:

175 CAPITAL BLVD.
SUITE 300
ROCKY HILL, CT 06067

New Principal Place of Business:

Current Mailing Address:

175 CAPITAL BLVD.
SUITE 300
ROCKY HILL, CT 06067

New Mailing Address:

FEI Number: 32-0085193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: EVP
Name: BOORNAZIAN, BRIAN
Address: 175 CAPITAL BLVD. SUITE 300
City-St-Zip: ROCKY HILL, CT 06067

Title: COO
Name: NOLAN, BRIAN
Address: 175 CAPITAL BLVD. SUITE 300
City-St-Zip: ROCKY HILL, CT 06067

Title: P
Name: CAVOORES, JOHN
Address: 600 ATLANTIC AVE.
City-St-Zip: BOSTON, MA 02110

Title: S
Name: NOGA, ANDREW
Address: 175 CAPITAL BLVD. SUITE 103
City-St-Zip: ROCKY HILL, CT 06067

Title: AS
Name: DECANTILLON, JAIME
Address: 175 CAPITAL BLVD. SUITE 103
City-St-Zip: ROCKY HILL, CT 06067

Title: T
Name: MCNAMARA, MICHAEL
Address: 175 CAPITAL BLVD. SUITE 300
City-St-Zip: ROCKY HILL, CT 06067

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: JAIME DECANTILLON

AS

01/04/2012

Electronic Signature of Signing Officer or Director

Date