## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000002001

Title:

Name:

Address:

City-St-Zip:

Entity Name: ACE CAPITAL TITLE REINSURANCE COMPANY

FILED Feb 23, 2009 Secretary of State

		TITLE TITLE TREMTOGICATIVE	)	. •			
Current Principal Place of Business:				New Principal Place of Business:			
	OF THE AME K, NY 10036	RICAS					
Current Mailing Address:				New Mailing Address:			
436 WALN PHILADEL	IUT ST. .PHIA, PA 191	06					
FEI Number:	: 06-1434264	FEI Number Applied For()	FEI Nui	mber Not Appl	licable ( )	Certificate of Status Desired	( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
P O BOX 6 200 E. GAI	IANCIAL OFFI 3200 (32314-62 INES ST SSEE, FL 323	200)					
	named entity e of Florida.	submits this statement for t	ne purpose o	of changing i	ts registere	d office or registered agent, or	both,
SIGNATU							
	Electror	nic Signature of Registered	Agent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANG	ES TO OFFICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	MERNA, MATTI	THE AMERICAS		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ATTHEW G DF THE AMERICAS (, NY 10036	
Title: Name: Address: City-St-Zip:	SANPIETRO, S	THE AMERICAS		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TCFO ( MCDONNELL, 436 WALNUT S PHILADELPHIA	ST.		Title: Name: Address: Citv-St-Zip:	TCFO SPITZER, D 510 WALNU PHILADELF		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARMINE A. GIGANTI AS 02/23/2009

() Delete

GIGANTI, CARMINE A

PHILADELPHIA, PA 19106

436 WALNUT ST

() Change () Addition