

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 815245

**Entity Name:** AMERICAN STATES INSURANCE COMPANY**Current Principal Place of Business:**350 EAST 96TH STREET  
INDIANAPOLIS, IN 46240**Current Mailing Address:**175 BERKELEY ST  
BOSTON, MA 02116 US**FEI Number:** 35-0145400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name           MIRZA, HAMID T  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            TREASURER  
Name           VASILAKOS, NIK  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR, SECRETARY  
Name           HART, DAMON P  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name           DOLAN, MATTHEW P  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name           ERBIG, ALISON B.  
Address        175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name           FALLON, MICHAEL J  
Address        175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name           CZAPLA, JAMES M  
Address        175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name           PENA, EDWARD J  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

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*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:** DAMON P HART**DIRECTOR****04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SANGHERA, PAUL  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name SEEBER, JOHN E  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name MORAHAN, ELIZABETH J  
Address 175 EBRKELEY ST  
City-State-Zip: BOSTON MA 02116