# 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 817439**

#### Entity Name: ACE FIRE UNDERWRITERS INSURANCE COMPANY

#### **Current Principal Place of Business:**

436 WALNUT ST PHILADELPHIA, PA 19106

#### **Current Mailing Address:**

436 WALNUT ST PHILADELPHIA. PA 19106 US

### FEI Number: 06-6032187

#### Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 EAST GAINES STREET TALLAHASSEE, FL 32399-0000 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PD	Title	DEVP
Name	LUPICA, JOHN J	Name	ENGLISH, JAMES M
Address	436 WALNUT ST	Address	436 WALNUT ST
City-State-Zip:	PHILADELPHIA PA 19106	City-State-Zip:	PHILADELPHIA PA 19106
Title	DEVP	Title	VP, ASST. SECRETARY
Name	MALENO, CHRISTOPHER A	Name	GIGANTI, CARMINE A
Address	436 WALNUT STREET	Address	436 WALNUT ST
City-State-Zip:	PHILADEPHIA PA 19106	City-State-Zip:	PHILADELPHIA PA 19106
Title	AS	Title	DEVP
Name	CALLIHAN, JUDITH M	Name	FISHER, JOSEPH F
Address	436 WALNUT ST	Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106	City-State-Zip:	PHILADELPHIA PA 19106
Title	SECRETARY		
Name	COLLINS, REBECCA L		

436 WALNUT STREET Address City-State-Zip: PHILADELPHIA PA 19106

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

VP, ASST SEC'TY

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Apr 16, 2014 Secretary of State CC3441389312

Date