

2022 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0000 US

FILED
Jan 07, 2022
Secretary of State
1810891755CC

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 DIRECTOR, PRESIDENT
Name LUPICA, JOHN J
Address 436 WALNUT ST
City-State-Zip: PHILADELPHIA PA 19106

Title EXECUTIVE VICE PRESIDENT
Name ALFIERI, JOHN
Address 1133 AVENUE OF THE AMERICAS
32ND FLOOR
City-State-Zip: NEW YORK NY 10036

Title SECRETARY
Name SCHWEIDEL, JULIET
Address 436 WALNUT ST
WA04N
City-State-Zip: PHILADELPHIA PA 19106

Title ASSISTANT SECRETARY
Name BALLESTEROS, MADELYN A
Address 202B HALLS MILL ROAD
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR, TREASURER, EVP
Name SPITZER, DREW K
Address 202 HALLS MILL ROAD
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR, GENERAL COUNSEL
Name SANPIETRO, JAMES SCOTT
Address 1133 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name JOHNSON, LATTRELL
Address 202 HALLS MILL ROAD
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR, EVP
Name SMITH, MICHAEL W
Address 1133 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

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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: MADELYN BALLESTEROS

ASST SECRETARY

01/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name KUSINGA, IVY

Address 436 WALNUT ST

City-State-Zip: PHILADELPHIA PA 19106