

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001596

Entity Name: ASPEN INSURANCE US SERVICES, INC.**Current Principal Place of Business:**175 CAPITAL BLVD.
SUITE 300
ROCKY HILL, CT 06067**Current Mailing Address:**175 CAPITAL BLVD.
SUITE 300
ROCKY HILL, CT 06067**FEI Number:** 32-0085193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	EVP
Name	BOORNAZIAN, BRIAN
Address	175 CAPITAL BLVD. SUITE 300
City-State-Zip:	ROCKY HILL CT 06067

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

Title	P
Name	VITALE, MARIO
Address	590 MADISON AVE.
City-State-Zip:	NEW YORK NY 10022

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

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

Title	T
Name	FELIX, PETER
Address	175 CAPITAL BLVD. SUITE 300
City-State-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**ASSISTANT SECRETARY** 02/01/2013

Electronic Signature of Signing Officer/Director Detail

Date