

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001596

Entity Name: ASPEN INSURANCE US SERVICES, INC.**Current Principal Place of Business:**175 CAPITAL BLVD.
ROCKY HILL, CT 06067**Current Mailing Address:**175 CAPITAL BLVD.
ROCKY HILL, CT 06067 US**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 PRESIDENT, DIRECTOR
Name VITALE, MARIO
Address 590 MADISON AVENUE
 7TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title GENERAL COUNSEL, SECRETARY
Name BUNCH, KERIAN
Address 175 CAPITAL BLVD.
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR
Name CADEMATORI, KENNETH G.
Address 175 CAPITAL BLVD.
City-State-Zip: ROCKY HILL CT 06067

Title ASSISTANT SECRETARY
Name SLIVA, KIM
Address 175 CAPITAL BLVD.
City-State-Zip: ROCKY HILL CT 06067

Title TREASURER
Name FELIX, PETER
Address 175 CAPITAL BLVD.
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR
Name CAIN, MICHAEL
Address 175 CAPITAL BLVD.
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR
Name BOORNAZIAN, BRIAN
Address 175 CAPITAL BLVD.
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: KIM SLIVA**ASSISTANT SECRETARY 04/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date