2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT #801262** 1. Entity Name AMERICAN HOME ASSURANCE COMPANY 2008 APR 22 PM 4: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **70 PINE STREET 70 PINE STREET** NEW YORK, NY 10270 ATTN E M TUCK NEW YORK, NY 10270 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13-5124990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITAL BLDG TALLAHASSEE, FL 32301 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent stonature required when registation) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD TITLE ☐ Detete TOLE ☐ Change Addition NAME MOOR, KRISTIAN P NAME STREET ADDRESS 70 PINE STREET STREET ADDRESS CITY-ST-ZIE NEW YORK, NY 10270 CITY-ST-7(P ☐ Change TITLE ☐ Delete ddition TITLE NAME DOYLE, JOHN Q NAME STREET ADDRESS 70 PINE STREET STREET ADDRESS NEW YORK, NY 10270 CITY-ST-ZIP CITY-ST-ZIP SVPD TITLE ☐ Delete TITLE ☐ Change Addition DANGELO, CHARLES H NAME NAME STREET ADDRESS 70 PINE STREET STREET ADDRESS CITY - ST - ZIP NEW YORK, NY 10270 CITY-ST-ZIP TITLE SVP 900125126399 Delete TITLE Addition NAME DOUGLAS, FRANK H JR. NAME 70 PINE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10270 CITY-S1-ZIP TITLE \$VPD Delete TITLE □ Change Addition HARKINS, KENNETH V NAME NAME STREET ADDRESS 70 PINE STREET STREET ADDRESS NEW YORK, NY 10270 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition TUCK, ELIZABETH M NAME NAME STREET ADDRESS 70 PINE STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10270 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

listilud mora

212-170-7000 Daytime Phone

As of April 01, 2008

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CONTACT PER	RSON: Matthew Young	g - Ext. 2962			
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