

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827838

1. Entity Name

ACE AMERICAN REINSURANCE COMPANY

Principal Place of Business

1601 Chestnut Street
Philadelphia, PA 19103

Mailing Address

1601 Chestnut street
Philadelphia, PA 19103

2. Principal Place of Business

1601 Chestnut Street

Suite, Apt. #, etc.

3. Mailing Address

1601 Chestnut Street

Suite, Apt. #, etc.

City & State

Philadelphia, PA

Zip

19103

Country

City & State

Philadelphia, PA

Zip

19103

Country

4. FEI Number 231740414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0058897

6. Name and Address of Current Registered Agent

Insurance Commissioner
The Capitol
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEES \$150.00

After MAY-1-2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bowden, Cheryl A. 1601 Chestnut Street Philadelphia, PA 19103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Engel, James D. 1601 Chestnut Street Philadelphia, PA 19103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Stallard, James R. 1601 Chestnut Street Philadelphia, PA 19103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Daly, Michael J. 1601 Chestnut Street Philadelphia, PA 19103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Liuzzi, Joseph R. 1601 Chestnut Street Philadelphia, PA 19103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Garrett, Kenneth R. 1601 Chestnut Street Philadelphia, PA 19103	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl A. Bowden

4/5/01

Date

215 640-2004

Daytime Phone #