

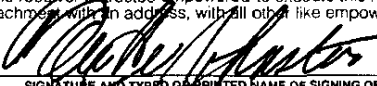


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90023 032 \*\*\*150.00

<b>DOCUMENT # 827838</b> 1. Entity Name <b>ACE AMERICAN REINSURANCE COMPANY</b>					
Principal Place of Business <b>1601 CHESTNUT ST. PHILADELPHIA, PA 19103</b>			Mailing Address <b>1601 CHESTNUT ST. PHILADELPHIA, PA 19103</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04022004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>23-1740414</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLD, DAVID R 1601 CHESTNUT STREET PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TUTHILL, CAROLYN A 1601 CHESTNUT ST. PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, BRUNA ANNE 1601 CHESTNUT ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, ALLAN R 1601 CHESTNUT STREET PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCKLEY, JOHN M 1601 CHESTNUT ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Constance D. O'Mara 1601 Chestnut St. Philadelphia, PA 19103	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnston, Bruna Anne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*SEE ATTACHED LIST FOR ADDITIONAL OFFICERS AND DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/12/04		215-640-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bruna Anne Johnston, Secretary					

Attachment

# 827838

Corporate Profile System  
Officer Business Address List  
As of - 04/13/2004

ACE AMERICAN REINSURANCE COMPANY

Name & Title(s)	Business Address
CONSTANCE DEPYPER OMARA PRESIDENT	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
CAROLYN ANN TUTHILL VICE PRESIDENT TREASURER CHIEF FINANCIAL OFFICER	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
BRUNA ANNE JOHNSTON SECRETARY	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
JOHN MICHAEL BUCKLEY ASSISTANT SECRETARY	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
SUSAN ANN CHAMBERS ASSISTANT SECRETARY	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19101

Attachment

#827838

ACE AMERICAN REINSURANCE COMPANY

Corporate Profile System  
Director Business Address List  
As of - 04/13/2004

Name & Title(s)	Business Address
EDWARD JOSEPH GIBNEY MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19192
MARK HENDERSON MACQUEEN MEMBER OF EXECUTIVE COMMITTEE MEMBER OF INVESTMENT COMMITTEE MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19192
SHELBY MATTIOLI MEMBER OF BOARD OF DIRECTORS	
CONSTANCE DEPYPER OMARA CHAIRMAN OF EXECUTIVE COMMITTEE CHAIRMAN OF INVESTMENT COMMITTEE MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
CHANDRAKANT CHATURBHAI PATEL MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103

Attachment

# 827838

ACE AMERICAN REINSURANCE COMPANY

Name & Title(s)

CAROLYN ANN TUTTILL

MEMBER OF EXECUTIVE COMMITTEE

MEMBER OF INVESTMENT COMMITTEE

MEMBER OF BOARD OF DIRECTORS

Business Address

TWO LIBERTY PLACE  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19103

Corporate Profile System  
Director Business Address List  
As of - 04/13/2004

THOMAS JOHN WAMSER  
MEMBER OF BOARD OF DIRECTORS

TWO LIBERTY PLACE  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19103