
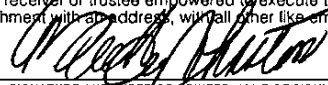


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90170 007 ***150.00

DOCUMENT # 827838 1. Entity Name ACE AMERICAN REINSURANCE COMPANY					
Principal Place of Business 1601 CHESTNUT ST. PHILADELPHIA, PA 19103			Mailing Address 1601 CHESTNUT ST. PHILADELPHIA, PA 19103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-1740414	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'MARA, CONSTANCE D 1601 CHESTNUT STREET PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TUTHILL, CAROLYN A 1601 CHESTNUT ST. PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUPCFOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSTON, BRUNA A 1601 CHESTNUT ST PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHAMBERS, SUSAN A 1601 CHESTNUT STREET PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBNEY, EDWARD J TWO LIBERTY PL 1601 CHESTNUT ST PHILADELPHIA, PA 19192 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHANIE ANNE BRAND 1601 CHESTNUT ST. PHILADELPHIA, PA 19103 <input checked="" 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 full other like empowered.					
SIGNATURE: 			Date 4-20-05 Daytime Phone # (215) 640-2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUNA ANNE JOHNSTON, SECRETARY					

*SEE ATTACHED LIST OF ADDITIONAL

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Corporate Profile System
Officer Business Address List
As of - 04/19/2005

ACE AMERICAN REINSURANCE COMPANY

Name & Title(s)	Business Address
CONSTANCE DEPYPER O'MARA 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

ATTACHMENT

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Corporate Profile System
Director Business Address List
As of - 04/19/2005

ACE AMERICAN REINSURANCE COMPANY

Name & Title(s)	Business Address
STEPHANIE ANNE BRUNO MEMBER OF BOARD OF DIRECTORS	
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 LEE MATTIOLI MEMBER OF BOARD OF DIRECTORS	1601 CHESTNUT STREET PHILADELPHIA, PA 19103
CONSTANCE DEPYPER O'MARA 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 I

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ACE AMERICAN REINSURANCE COMPANY

Name & Title(s)

CAROLYN ANN TUTTILL
MEMBER OF EXECUTIVE COMMITTEE
MEMBER OF INVESTMENT COMMITTEE
MEMBER OF BOARD OF DIRECTORS

Corporate Profile System
Director Business Address List
As of -04/19/2005

Business Address

TWO LIBERTY PLACE
1601 CHESTNUT STREET
PHILADELPHIA, PA 19103

THOMAS JOHN WAMSER
MEMBER OF BOARD OF DIRECTORS

TWO LIBERTY PLACE
1601 CHESTNUT STREET
PHILADELPHIA, PA 19103