

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90141 045 \*\*\*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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

## 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. 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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	<b>GARRETT, KENNETH R</b>	
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>ENGEL, JAMES D</b>	
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>BOWDEN, CHERYL A</b>	
STREET ADDRESS	<b>1601 CHESTNUT ST</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>LIUZZI, JOSEPH R</b>	
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>DALY, MICHAEL J</b>	
STREET ADDRESS	<b>1601 CHESTNUT ST</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103</b>	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	<b>STALLARD, JAMES R</b>	
STREET ADDRESS	<b>1601 CHESTNUT ST</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David R. Gold</b>	
STREET ADDRESS	<b>1601 Chestnut St.</b>	
CITY-ST-ZIP	<b>Philadelphia, PA 19103</b>	
TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carolyn A. Tuthill</b>	
STREET ADDRESS	<b>1601 Chestnut St.</b>	
CITY-ST-ZIP	<b>Philadelphia, PA 19103</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bruna Anne Johnston</b>	
STREET ADDRESS	<b>1601 Chestnut St.</b>	
CITY-ST-ZIP	<b>Philadelphia, PA 19103</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Allan R. Becker</b>	
STREET ADDRESS	<b>1601 Chestnut St.</b>	
CITY-ST-ZIP	<b>Philadelphia, PA 19103</b>	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John M. Buckley</b>	
STREET ADDRESS	<b>1601 Chestnut St.</b>	
CITY-ST-ZIP	<b>Philadelphia, PA 19103</b>	
TITLE	<b>* See Attached List of Additional Officers &amp; Directors</b>	

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 another like empowered.

SIGNATURE:

**REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*

*4-9-03*

*215-640-2005*

Date Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc # 027838/10067756

7/2/2003

ACE AMERICAN REINSURANCE COMPANY

Corporate Profile System  
Director Business Address List  
As of - 04/08/2003

Name & Title(s)	Business Address
ALLAN ROBERT BECKER MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
DANIEL GEORGE BREHM MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
EDWARD JOSEPH GIBNEY MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19192
DAVID RONALD GOLD CHAIRMAN OF EXECUTIVE COMMITTEE CHAIRMAN OF INVESTMENT COMMITTEE MEMBER OF BOARD OF DIRECTORS MEMBER OF EXECUTIVE COMMITTEE MEMBER OF INVESTMENT COMMITTEE	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103
HERMAN JOHANNES NIEUWENHUIZEN MEMBER OF BOARD OF DIRECTORS	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA, PA 19103

Attachment  
Document # 82-838/10067756

ACE AMERICAN REINSURANCE COMPANY

Name & Title(s)

CONSTANCE DEPYER OMARA  
MEMBER OF BOARD OF DIRECTORS  
MEMBER OF EXECUTIVE COMMITTEE  
MEMBER OF INVESTMENT COMMITTEE

Business Address

TWO LIBERTY PLACE  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19103

Corporate Profile System  
Director Business Address List  
As of - 04/08/2003

CAROLYN ANN TUTTILL

MEMBER OF BOARD OF DIRECTORS  
MEMBER OF EXECUTIVE COMMITTEE  
MEMBER OF INVESTMENT COMMITTEE

TWO LIBERTY PLACE

1601 CHESTNUT STREET  
PHILADELPHIA, PA 19103