2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846938

Entity Name: AMERICAN AMBASSADOR CASUALTY COMPANY

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3333 WARRENVILLE ROAD LISLE, IL 60532 **Current Mailing Address: New Mailing Address: 62 MAPLE AVENUE KEENE, NH 03431** FEI Number: 36-2678778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO PCFO** () Delete Title: (X) Change () Addition KIRSCHNER, KEVIN J Name: Name: GREGG, GARY R 350 E 96TH ST 175 BERKELEY ST Address: Address: City-St-Zip: INDIANAPOLIS, IN 46240 City-St-Zip: BOSTON, MA 02117 Title: Title: () Delete (X) Change () Addition POWELL, STEPHEN D DORE, JAMES F Name: Name: 13 RIVERSIDE RD., BLDG 2 Address: Address: 175 BERKELEY ST City-St-Zip: WESTON, MA 02493 City-St-Zip: BOSTON, MA 02117 Title: VPS () Delete Title: (X) Change () Addition JENKINS, DOUGLAS T KENEALY, EDMUND C Name: Name: 6281 TRI-RIDGE BLVD. 175 BERKELEY ST Address: Address: City-St-Zip: LOVELAND, OH 45140 City-St-Zip: BOSTON, MA 02117 Title: VΡ () Delete Title: **ASEC** (X) Change () Addition OSTROW, GARY J PUGH, JAMES R Name: Name: Address: 175 BERKERLY ST. Address: 175 BERKERLY ST. City-St-Zip: BOSTON, MA 02117 City-St-Zip: BOSTON, MA 02117 Title: SVPD Title: () Delete (X) Change () Addition BLACKMWOOD, KENNETH P MANSFIELD, CHRISTOPHER C Name: Name: **62 MAPLE AVENUE** Address: 175 BERKELEY ST Address: City-St-Zip: KEENE, NH 03431 City-St-Zip: BOSTON, MA 02117 Title: CIOE (X) Delete Title: () Change () Addition Name: FONTANES, A A Name: Address: 175 BERKLEY ST Address: City-St-Zip: City-St-Zip: BOSTON, MA 02117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. PUGH ASEC 04/11/2006