

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001282

FILED
Feb 23, 2009
Secretary of State

Entity Name: ACE INSURANCE COMPANY OF THE MIDWEST

Current Principal Place of Business:

120 N. 9TH STREET
RICHMOND, IN 47374

New Principal Place of Business:

Current Mailing Address:

436 WALNUT STREET
PHILADELPHIA, PA 19106

New Mailing Address:

FEI Number: 06-0884361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LUPICA, JOHN J
Address: 436 WALNUT STREET WA12A
City-St-Zip: PHILADELPHIA, PA 19106

Title: V () Delete
Name: TAYLOR, JOHN P
Address: 436 WALNUT STREET WA06D
City-St-Zip: PHILADELPHIA, PA 19106

Title: S () Delete
Name: MULLIGAN, GEORGE D
Address: 436 WALNUT STREET WA04N
City-St-Zip: PHILADELPHIA, PA 19106

Title: EXVD () Delete
Name: KESSLER, BRUCE L
Address: 436 WALNUT STREET WA12D
City-St-Zip: PHILADELPHIA, PA 19106

Title: EXVD () Delete
Name: RAMSEY, PAUL
Address: 436 WALNUT STREET WA10A
City-St-Zip: PHILADELPHIA, PA 19106

Title: EXVD () Delete
Name: ZACCARIA, EDWARD D
Address: 436 WALNUT STREET WA11A
City-St-Zip: PHILADELPHIA, PA 19106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TAYLOR, JOHN P
Address: 510 WALNUT STREET, WB06D
City-St-Zip: PHILADELPHIA, PA 19106

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARMINE A. GIGANTI

AS

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date