2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001596

Entity Name: ASPEN INSURANCE US SERVICES, INC.

FILED Mar 15, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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175 CAPITAL BLVD. SUITE 300

ROCKY HILL, CT 06067

Current Mailing Address: New Mailing Address:

175 CAPITAL BLVD. SUITE 300 ROCKY HILL, CT 06067

FEI Number: 32-0085193 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: EVF

Name: BOORNAZIAN, BRIAN

Address: 175 CAPITAL BLVD. SUITE 300 City-St-Zip: ROCKY HILL, CT 06067

Title: COO

Name: NOLAN, BRIAN

Address: 175 CAPITAL BLVD. SUITE 300 City-St-Zip: ROCKY HILL, CT 06067

Title: P

Name: CAVOORES, JOHN Address: 600 ATLANTIC AVE. City-St-Zip: BOSTON, MA 02110

Title: S

Name: NOGA, ANDREW

Address: 175 CAPITAL BLVD. SUITE 300 City-St-Zip: ROCKY HILL, CT 06067

Title: AS

Name: FRISCIA, CHERYL

Address: 175 CAPITAL BLVD. SUITE 300 City-St-Zip: ROCKY HILL, CT 06067

Title:

 Name:
 MCNAMARA, MICHAEL

 Address:
 175 CAPITAL BLVD. SUITE 300

 City-St-Zip:
 ROCKY HILL, CT 06067

I hereby 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 all other like empowered.

SIGNATURE: CHERYL FRISCIA AS 03/15/2011