


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000062543	
1. Entity Name ASPEN INSURANCE GROUP, INC.	

Principal Place of Business 22763 STATE ROAD 7 BOCA RATON, FL 33428 US	Mailing Address AARON S PRELAK 6069 OLD COURT RD #108 BOCA RATON, FL 33433
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01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0434924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PRELAK, AARON S 6069 OLD COURT RD 108 BOCA RATON, FL 33433	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Aaron S Prelak* 1/10/05 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1/10/05
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRELAK, AARON S 6069 OLD CT. RD., #108 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRELAK, BARBARA R 6069 OLD COURT RD., #108 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PRELAK, LYNDA S 22415 SW 61ST WAY APT 206 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80003-003 150.00

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Aaron S Prelak* 1/10/05 81-477-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #