2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803422

Entity Name: ACE PROPERTY AND CASUALTY INSURANCE COMPANY

FILED Apr 13, 2016 **Secretary of State** CC7119305128

Current Principal Place of Business:

436 WALNUT ST

PHILADELPHIA. PA 19106

Current Mailing Address:

436 WALNUT ST

PHILADELPHIA. PA 19106 US

FEI Number: 06-0237820 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 EAST GAINES STREET TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail:

Title Title **DEVP**

LUPICA, JOHN J Name Name MALENO, CHRISTOPHER A 436 WALNUT ST 436 WALNUT STREET Address Address City-State-Zip: PHILADELPHI PA 19106 PHILADELPHIA PA 19106 City-State-Zip:

Title AS Title VP, ASST. SECRETARY

Name CALLIHAN, JUDITH M Name GIGANTI, CARMINE A Address 436 WALNUT ST Address 436 WALNUT ST

PHILADELPHIA PA 19106 City-State-Zip: PHILADELPHIA PA 19106 City-State-Zip:

Title DFVP DEVP Title

Name ENGLISH, JAMES M Name FISHER, JOSEPH F Address 436 WALNUT STREET Address 436 WALNUT ST City-State-Zip: PHILADELPHIA PA 19106

City-State-Zip: PHILADELPHIA PA 19106

Title **SECRETARY**

COLLINS, REBECCA L Name 436 WALNUT STREET Address City-State-Zip: PHILADELPHIA PA 19106

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.

04/13/2016 SIGNATURE: CARMINE A. GIGANTI VP & ASST SEC'TY

Electronic Signature of Signing Officer/Director Detail

Date