

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 821776

**Entity Name:** ACE AMERICAN INSURANCE COMPANY

**Current Principal Place of Business:**

436 WALNUT ST  
PHILADELPHIA, PA 19106

**Current Mailing Address:**

436 WALNUT ST  
PHILADELPHIA, PA 19106

**FEI Number:** 95-2371728

**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 PD  
Name LUPICA, JOHN J  
Address 436 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title DEV  
Name KESSLER, BRUCE L  
Address 500 COLONIAL CENTER PARKWAY  
City-State-Zip: ROSWELL GA 30076

Title DEV  
Name ENGLISH, JAMES M  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title VP, ASST SECRETARY  
Name GIGANTI, CARMINE A  
Address 436 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title AS  
Name CALLIHAN, JUDITH M  
Address 436 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title DEVP  
Name MALENO, CHRISTOPHER A  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title SECRETARY  
Name COLLINS, REBECCA L  
Address 436 WALNUT STREET  
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.*

**SIGNATURE:** CARMINE A. GIGANTI

ASST. SECRETARY

04/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date