

**2018 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           DIRECTOR, PRESIDENT  
Name           LUPICA, JOHN J  
Address        436 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title           DIRECTOR, EXECUTIVE VICE  
                  PRESIDENT  
Name           ALFIERI, JOHN  
Address        1133 AVENUE OF THE AMERICAS  
                  32ND FLOOR  
City-State-Zip: NEW YORK NY 10036

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

Title           ASST. SECRETARY  
Name           SCHWEIDEL , JULIET  
Address        436 WALNUT ST  
                  WA04N  
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:** JULIET SCHWEIDEL

**ASSISTANT SECRETARY   01/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date