

1.) CORPORATION NAME:

**ASPEN AMERICAN INSURANCE COMPANY**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD, SUITE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1131202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 CAPITAL BLVD  
SUITE 300

CITY/ST/ZIP: ROCKY HILL, CT 06067

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDREW L NOGA	
TITLE:	SECRETARY	
ADDRESS:	175 CAPITAL BLVD. SUITE 300	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAIME DECANTILLON	
TITLE:	ASST SECRETARY	
ADDRESS:	175 CAPITAL BLVD.	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KIM SLIVA	
TITLE:	ASST SECRETARY	
ADDRESS:	175 CAPITAL BLVD.	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEANNE KEHOE	
TITLE:	ASST TREASURER	
ADDRESS:	175 CAPITAL BLVD.	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN M JONES	
TITLE:	CHIEF FINANCIAL	
ADDRESS:	175 CAPITAL BLVD.	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN J NOLAN	
TITLE:	CHIEF OPERATING	
ADDRESS:	175 CAPITAL BLVD.	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067	

NAME: Mario Vitale TITLE: DIRECTOR ADDRESS: 590 Madison Ave CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Bruce Eisler TITLE: DIRECTOR ADDRESS: 590 Madison Ave. CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Cain TITLE: DIRECTOR ADDRESS: 30 Fenchurch St. CITY/ST/ZIP/CO: London, EC3M 3BD, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Timothy Kenefick TITLE: DIRECTOR ADDRESS: 590 Madison Ave. CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jeffrey Bossart TITLE: DIRECTOR ADDRESS: 590 Madison Ave. CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Rheel TITLE: DIRECTOR ADDRESS: 590 Madison Ave. CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JAIME DECANTILLON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAIME DECANTILLON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/4/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		