

1.) CORPORATION NAME:

**ASPEN AMERICAN INSURANCE COMPANY**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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

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.

NAME:	MARIO VITALE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	590 MADISON AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	PETER C. FELIX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	175 CAPITAL BOULEVARD		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067		
NAME:	JONATHAN MARK JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHIEF FINANCIAL		
ADDRESS:	175 CAPITAL BLVD.		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067		
NAME:	KERIAN BUNCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	175 CAPITAL BLVD.		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067		
NAME:	ANN HAUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF OPERATING		
ADDRESS:	175 CAPITAL BLVD.		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067		
NAME:	KIM SLIVA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	175 CAPITAL BLVD.		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067		

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: MICHAEL CAIN TITLE: DIRECTOR ADDRESS: 30 FENCHURCH ST. CITY/ST/ZIP/CO: , , FN	<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: 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: 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/ KIM SLIVA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIM SLIVA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/29/2014 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.		