

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826986

FILED
Jan 05, 2011
Secretary of State

Entity Name: ARCH INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

ONE LIBERTY PLAZA
53RD FLOOR
NEW YORK, NY 10006 US

New Principal Place of Business:

Current Mailing Address:

C/O ARCH, INSURANCE GROUP, INC.
300 PLAZA THREE
JERSEY CITY, NJ 07311 US

New Mailing Address:

FEI Number: 39-1128299 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
THE CAPITOL
TALLAHASSEE, FL 323990810 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: LYONS, MARK
Address: 300 PLAZA THREE
City-St-Zip: JERSEY CITY, NJ 07311 US

Title: D
Name: EDACK, JOHN S
Address: 300 PLAZA THREE
City-St-Zip: JERSEY CITY, NJ 07311

Title: DEVP
Name: BRAND, DENNIS
Address: 300 PLAZA THREE
City-St-Zip: JERSEY CITY, NJ 07311

Title: DS
Name: NILSEN, MARTIN J
Address: 300 PLAZA THREE
City-St-Zip: JERSEY CITY, NJ 07311

Title: DT
Name: AHERN, THOMAS J
Address: 300 PLAZA THREE
City-St-Zip: JERSEY CITY, NJ 07311

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: MELISSA B. GILLIGAN

AS

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date