2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90046 014 ***150.00

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1. Entity Name
ARCH INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE LIBERTY PLAZA 53RD FLR NEW YORK, NY 10005 US	ONE LIBERTY PLAZA 53RD FLR NEW YORK, NY 10005 US

24024487

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-0990710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALLEW, GLENN L 12613 BALLENTINE OVERLAND PARK, KS 66213	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ralph E Jones III 180 Westledge Rd W. Simsbury, CT 06092	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD MAY, DAVID G 44 PASTURE LANE DARIEN, CT 06820	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP TETRO, JOHN M 46 FORESTDALE ROCKVILLE CENTRE, NY 11570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fred S. Eichler SVP & CFO 1177 6th Ave New York, NY 10001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV RYAN, EDWIN F JR 9956 GODDARD OVERLAND PARK, KS 66214	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ramin Taraz 803 New Norwalk Rd New Canaan, CT 06840	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOHLER, JOHN D 10569 GODDARD OVERLAND PARK, KS 66214	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Thomas G Kaiser 20 River Pk Terrace New York, NY 10282	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clark D. Lyons 28283 W. Fairview Dr Deer Pk, IL 60010	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ramin Taraz Ramin Taraz 3/5/04 (203)651-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #