

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854208

FILED  
Feb 23, 2006  
Secretary of State

Entity Name: ARCH INSURANCE COMPANY

## Current Principal Place of Business:

ONE LIBERTY PLAZA  
53RD FLR  
NEW YORK, NY 10005 US

## New Principal Place of Business:

## Current Mailing Address:

ONE LIBERTY PLAZA  
53RD FLR  
NEW YORK, NY 10005 US

## New Mailing Address:

FEI Number: 43-0990710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JONES, RALPH E III  
Address: 180 WESTLEDGE RD.  
City-St-Zip: STAMFORD, CT 06902

Title: DSVP ( ) Delete  
Name: NILSEN, MARTIN J  
Address: ONE LIBERTY PLAZA 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: CFO ( ) Delete  
Name: EICHLER, FRED S  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: VP ( ) Delete  
Name: TARAZ, RAMIN  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: D ( ) Delete  
Name: KAISER, THOMAS G  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: D ( ) Delete  
Name: LYONS, MARK D  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JONES, RALPH E III  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELISSA B. GILLIGAN

AS

02/23/2006

Electronic Signature of Signing Officer or Director

Date