2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# 854208

Entity Name: ARCH INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

ONE LIBERTY PLAZA
53RD FLR
NEW YORK, NY 10006 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: ONE LIBERTY PLAZA, 53RD FLOOR
City-St-Zip: NEW YORK, NY 10006

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

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

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

Title: VP (X) Change ( ) Addition
Name: LABELL, JOSEPH
Address: 300 FIRST STAMFORD PLACE 5TH FLOOR
City-St-Zip: STAMFORD, CT 06902

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 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 01/11/2008

Electronic Signature of Signing Officer or Director Date