2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854208

Entity Name: ARCH INSURANCE COMPANY

FILED Jan 05, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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ONE LIBERTY PLAZA 53RD FLOOR NY, NY 10006 US

Current Mailing Address: New Mailing Address:

300 PLAZA THREE 3RD FLOOR JERSEY CITY, NJ 07311 US

FEI Number: 43-0990710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: PD

 Name:
 LYONS, MARK D

 Address:
 300 PLAZA THREE

 City-St-Zip:
 JERSEY CITY, NJ 07311

Title: DSVP

 Name:
 NILSEN, MARTIN J

 Address:
 300 PLAZA THREE

 City-St-Zip:
 JERSEY CITY, NJ 07311

Title: CFO

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

Title: VP

Name: LABELL, JOSEPH

Address: 300 FIRST STAMFORD PLACE 5TH FLOOR

City-St-Zip: STAMFORD, CT 06902

Title: EVPD

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

Title: AS

Name: GILLIGAN, MELISSA B

Address: 300 FIRST STAMFORD PLACE, 5TH FLOOR

City-St-Zip: STAMFORD, CT 06902

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