2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2012
Secretary of State

DOCUMENT# 854208

Entity Name: ARCH INSURANCE COMPANY

Current Principal Place of Business:

ONE LIBERTY PLAZA
53RD FLOOR
NY, NY 10006 US

New Principal Place of Business:

Current Mailing Address:

300 PLAZA THREE
3RD FLOOR
JERSEY CITY, NJ 07311 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

OFFICERS AND DIRECTORS:

Title: PD
Name: LYONS, MARK D
Address: ONE LIBERTY PLAZA, 53RD FLOOR
City-St-Zip: NY, NY 10006

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: 330 BOSTON POST ROAD, SUITE 200
City-St-Zip: DARIEN, CT 06820

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

Title: AS
Name: GILLIGAN, MELISSA B
Address: 330 BOSTON POST ROAD, SUITE 200
City-St-Zip: DARIEN, CT 06820

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 01/26/2012

Electronic Signature of Signing Officer or Director Date