

5/23/2017

2017-05-23 07:01:03 CST

19542080845 From: Ranae McGraw

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (512)418-6949  
 Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**  
**ARCH INSURANCE COMPANY**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARCH INSURANCE COMPANY

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 854208

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa B. Gilligan

\_\_\_\_\_  
Name of Contact Person

Arch Insurance Company

\_\_\_\_\_  
Firm/Company

185 Asylum Street, CityPlace II, 16th Floor

\_\_\_\_\_  
Address

Hartford, CT 06103

\_\_\_\_\_  
City/State and Zip Code

mgilligan@archinsurance.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa B. Gilligan

860

713-2029

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MO in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARCH INSURANCE COMPANY
2. The principal office address: Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311
3. The mailing address (if different): (same as above)
4. Date of incorporation/qualification: 09/28/1982 Document number: 854208
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHIEF FINANCIAL OFFICER

200 E. Gaines St.

TALLAHASSEE, FL 32399-0000

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Melissa B. Gilligan  
Signature of an officer or director

Melissa B. Gilligan, Asst. Secretary

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System

By: [Signature]

Signature of Registered Agent

5/22/2017

Date

If signing on behalf of an entity:

Leslie Martin

Assistant Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

**SERVICE OF PROCESS CONSENT & AGREEMENT**

(Please type or print all information)

☐ Original Designation    ☐ Insurer Name Change    ☐ Merger / Acquisition    ☒ Update Delivery Information

Insurer or Company Name: Arch Insurance Company

Previous Name (If applicable): Not ApplicableHome Office Address: 2345 Grand Blvd. Suite 900City, State, Zip: Kansas City, MO 64108FEI #: 43-0990710    FL Company Code: 09219Telephone #: (201) 743-4000

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name and/or mailing address, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.

Designated Person  
to receive process:

Firm:

C T Corporation System

Mailing Address:

1200 South Pine Island Road

City, State, Zip

Plantation, FL 33324

Signature:

I hereby consent and agree to be the person to whom process served upon  
the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the 4 day of

May, A.D. 17.

Exec Vice President or CEO's Signature

Brian D. First

Exec Vice President or CEO (Typed or Printed)

Asst Secretary's Signature

Asst Secretary (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

SEAL