2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90193 036 ***150.00

DOCUMENT # 854208

1. Entity Name
ARCH INSURANCE COMPANY

Principal Place of Business	Mailing Address
3100 BROADWAY SUITE 511 KANSAS CITY MO 64111 US	100 FIRST STAMFORD PLACE SUITE 325 STAMFORD CT 06902 US

J00203B3
3100 BROADWAY
SUITE 511

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
One Liberty Plaza	One Liberty Plaza
Suite, Apt. #, etc.: 53rd Floor	Suite, Apt. #, etc.: 53rd Floor
City & State: New York, NY	City & State: New York, NY
Zip: 10006 Country: USA	Zip: 10006 Country: USA

4. FEI Number 43-0990710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
CAPITAL BLDG

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALLEW, GLENN L 12613 BALLENTINE OVERLAND PARK KS 66213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALLEW, GLENN L 12613 BALLENTINE OVERLAND PARK KS 66213	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD MAY, DAVID G 44 PASTURE LANE DARIEN CT 06820	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD MAY, DAVID G 44 PASTURE LANE DARIEN CT 06820	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP TETRO, JOHN M 46 FORESTDALE ROCKVILLE CENTRE NY 11570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP TETRO, JOHN M 46 FORESTDALE ROCKVILLE CENTRE NY 11570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENNABHAN, JAMES J 6200 N 61ST PLACE PARADISE VALLEY AZ 85253	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENNABHAN, JAMES J 6200 N 61ST PLACE PARADISE VALLEY AZ 85253	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV RYAN, EDWIN F JR 9956 GODDARD OVERLAND PARK KS 66214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV RYAN, EDWIN F JR 9956 GODDARD OVERLAND PARK KS 66214	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOHLER, JOHN D 10569 GODDARD OVERLAND PARK KS 66214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOHLER, JOHN D 10569 GODDARD OVERLAND PARK KS 66214	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/6/03 212-651-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #