2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90030 041 ***150.00

DOCUMENT # F03000002370

1. Entity Name
ARCH INSURANCE GROUP INC.

Principal Place of Business	Mailing Address
ONE LIBERTY PLAZA, 53RD FLOOR NEW YORK, NY 10006	ONE LIBERTY PLAZA, 53RD FLOOR NEW YORK, NY 10006

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-0971887 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 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, 2004 Fee will be $550.00

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	CEOD IORDANOU, CONSTANTINE ONE LIBERY PLAZA, 53RD FLOOR NEW YORK, NY 10006	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD Ralph E Jones 180 Westledge Rd West Simsbury, CT 06902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAY, DAVID 300 FIRST STAMFORD PLACE, 5TH FLOOR STAMFORD, CT 06902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO EICHLER, FRED ONE LIBERTY PLAZA, 53RD FLOOR NEW YORK, NY 10006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NILSON, MARTIN ONE LIBERTY PLAZA NEW YORK, NY 10006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LABELL, JOSEPH S 300 FIRST STAMFORD PLACE, 5TH FLOOR STAMFORD, CT 06902	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Ramin Taraz One Liberty Plaza 53fl R NY, NY 10006	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGREY, PAUL 11 VICTORIA STREET, 4TH FLOOR HAMILTON, BERMUDA,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ramin Taraz Ramin Taraz 3/15/04 (212)651-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #