


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90218 025 \*\*\*150.00

<b>DOCUMENT # F97000003614</b>	
1. Entity Name <b>ARCH REINSURANCE COMPANY</b>	

Principal Place of Business <b>55 MADISON AVENUE P.O. BOX 1988 MORRISTOWN, NJ 07962-1988</b>	Mailing Address <b>55 MADISON AVENUE P.O. BOX 1988 MORRISTOWN, NJ 07962-1988</b>
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2. Principal Place of Business - No P.O. Box # <b>360 Mt. Kemble Ave.</b> Suite, Apt. #, etc. <b>P.O. Box 1988</b> City & State <b>Morristown, NJ</b> Zip <b>07962-1988</b>	3. Mailing Address <b>360 Mt. Kemble Ave.</b> Suite, Apt. #, etc. <b>P.O. Box 1988</b> City & State <b>Morristown, NJ</b> Zip <b>07962-1988</b>
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04202007 Chg-P CR2E034 (12/06)



4. FEI Number <b>06-1430254</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORRISON, DOUGLAS B 55 MADISON AVE MORRISTOWN, NJ 07960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Barry E. Golub** **4/24/07** **973 889 6467**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40083902

#F97000003614

Block 11

Director  
Gary Blumshon  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960

Director/Treasurer  
Barry E. Golub  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960

Director  
Marc Grandisson  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960

Director  
Lawrence Francis Harr  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960

Director  
Douglas B. Morrison  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960

Director  
Timothy J. Olson  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960

Secretary  
Mathilda A. Oostveen  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960

Director/President  
John F. Rathgeber  
360 Mt. Kemble Ave.  
Morristown, New Jersey 07960