

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003614

FILED
Feb 22, 2011
Secretary of State

Entity Name: ARCH REINSURANCE COMPANY

Current Principal Place of Business:

360 MT.KEMBLE AVE
MORRISTOWN, NJ 07962

New Principal Place of Business:

Current Mailing Address:

360 MT.KEMBLE AVE
PO BOX 1988
MORRISTOWN, NJ 07962

New Mailing Address:

FEI Number: 06-1430254

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: D
Name: GANSBERG, DAVID E
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

Title: D
Name: RATHGETHER, JOHN F
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

Title: D
Name: GRANDISSON, MARC
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

Title: D/CF
Name: GOLUB, BARRY E
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

Title: S
Name: KUMMERT, JANET
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

Title: D/P
Name: OLSON, TIMOTHY J
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

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: BARRY E. GOLUB

CFO

02/22/2011

Electronic Signature of Signing Officer or Director

Date