

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90328 026 ***150.00

0614901 AT

DOCUMENT # F97000003614

1. Entity Name
ARCH REINSURANCE COMPANY



Principal Place of Business
**20 HORSENECK LANE
GREENWICH CT 06380**

Mailing Address
**20 HORSENECK LANE
GREENWICH CT 06380**

11030325



2. Principal Place of Business
55 Madison Avenue

3. Mailing Address
55 Madison Avenue

Suite, Apt. #, etc.
P.O. Box 1988

Suite, Apt. #, etc.
P.O. Box 1988

CHECK HERE IF MAKING CHANGES

City & State
Morristown, NJ

City & State
Morristown, NJ

4. FEI Number
06-1430254

Applied For
Not Applicable

Zip Country
07962-1988 Morris

Zip Country
07962-1988 Morris

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

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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 _____ (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	C	<input checked="" type="checkbox"/> Delete
NAME	CLEMENTS, ROBERT	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06380	
TITLE	TVD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, DEBRA M	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	PETRILLO, LOUIS T	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, JOSEPH N	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	APPEL, PETER A	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06380	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARR, LAWRENCE F	
STREET ADDRESS	10306 RAGENCY PARKWAY	
CITY-ST-ZIP	OMAHA NE 68115	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2003 973-889-6467
Date Daytime Phone #

CR2E034 (10/02)