

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 826986

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC9319420081**

**Entity Name:** ARCH INDEMNITY INSURANCE COMPANY

**Current Principal Place of Business:**

HARBORSIDE 3  
210 HUDSON STREET SUITE 300  
JERSEY CITY, NJ 07311

**Current Mailing Address:**

HARBORSIDE 3  
210 HUDSON STREET SUITE 300  
JERSEY CITY, NJ 07311 US

**FEI Number:** 39-1128299

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
THE CAPITOL  
TALLAHASSEE, FL 32399-0810 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MENTZ, JOHN P  
Address         HARBORSIDE 3  
                  210 HUDSON STREET SUITE 300  
City-State-Zip: JERSEY CITY NJ 07311

Title            D  
Name            EDACK, JOHN S  
Address         HARBORSIDE 3  
                  210 HUDSON STREET SUITE 300  
City-State-Zip: JERSEY CITY NJ 07311

Title            DT  
Name            AHERN, THOMAS J  
Address         HARBORSIDE 3  
                  210 HUDSON STREET SUITE 300  
City-State-Zip: JERSEY CITY NJ 07311

Title            AS  
Name            GILLIGAN, MELISSA B  
Address         185 ASYLUM STREET  
                  CITYPLACE II 16TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title            SECRETARY, DIRECTOR  
Name            NAILS, PATRICK  
Address         HARBORSIDE 3  
                  210 HUDSON STREET SUITE 300  
City-State-Zip: JERSEY CITY NJ 07311

Title            EXECUTIVE VICE PRESIDENT  
Name            FIRST, BRIAN  
Address         185 ASYLUM STREET  
                  CITYPLACE II, 16TH FLOOR  
City-State-Zip: HARTFORD CT 06103

*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:** MELISSA B GILLIGAN

**ASSISTANT SECRETARY    01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date