

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826986

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

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

Title PRESIDENT, DIRECTOR
Name FIRST, BRIAN D
Address 185 ASYLUM STREET
CP2, 16TH FLOOR
City-State-Zip: HARTFORD CT 06103

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

Title SECRETARY
Name SHULMAN, REGAN A
Address HARBORSIDE 3, 210 HUDSON
STREET
SUITE 300
City-State-Zip: JERSEY CITY NJ 07311

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 01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date