

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 854208

**Entity Name:** ARCH 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:** 43-0990710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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<br>210 HUDSON STREET SUITE 300 |
| City-State-Zip: | JERSEY CITY NJ 07311                        |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | SECRETARY, DIRECTOR                         |
| Name            | NAILES, PATRICK                             |
| Address         | HARBORSIDE 3<br>210 HUDSON STREET SUITE 300 |
| City-State-Zip: | JERSEY CITY NJ 07311                        |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | CFO, DIRECTOR                               |
| Name            | AHERN, THOMAS J                             |
| Address         | HARBORSIDE 3<br>210 HUDSON STREET SUITE 300 |
| City-State-Zip: | JERSEY CITY NJ 07311                        |

|                 |                                              |
|-----------------|----------------------------------------------|
| Title           | EVP                                          |
| Name            | FIRST, BRIAN D                               |
| Address         | 185 ASYLUM STREET<br>CITYPLACE II 16TH FLOOR |
| City-State-Zip: | HARTFORD CT 06103                            |

|                 |                                              |
|-----------------|----------------------------------------------|
| Title           | AS                                           |
| Name            | GILLIGAN, MELISSA B                          |
| Address         | 185 ASYLUM STREET<br>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** 01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date