## **2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

**DOCUMENT# 854208** 

**Entity Name: ARCH INSURANCE COMPANY** 

Entity Name: ARCH INSURANCE COMPAN

**Current Principal Place of Business:** 

210 HUDSON STREET SUITE 600

JERSEY CITY, NJ 07311

**Current Mailing Address:** 

HARBORSIDE 3 210 HUDSON STREET SUITE 600 JERSEY CITY, NJ 07311 US

FEI Number: 43-0990710 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Feb 13, 2025

**Secretary of State** 

4036567137CC

Officer/Director Detail:

TitleDIRECTORTitleCFO, DIRECTORNameNAILS, PATRICKNameAHERN, THOMAS J

Address HARBORSIDE 3 Address HARBORSIDE 3

210 HUDSON STREET SUITE 600 210 HUDSON STREET SUITE 600

City-State-Zip: JERSEY CITY NJ 07311 City-State-Zip: JERSEY CITY NJ 07311

Title PRESIDENT, DIRECTOR Title AVP, AS

Name FIRST, BRIAN D Name GILLIGAN, MELISSA B

Address 185 ASYLUM STREET Address 185 ASYLUM STREET

CITYPLACE II 16TH FLOOR CITYPLACE II 16TH FLOOR

City-State-Zip: HARTFORD CT 06103 City-State-Zip: HARTFORD CT 06103

Title SECRETARY

Name SHULMAN, REGAN A

Address HARBORSIDE 3

210 HUDSON STREET SUITE 600

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.

Electronic Signature of Signing Officer/Director Detail