## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003614

**Entity Name: ARCH REINSURANCE COMPANY** 

**Current Principal Place of Business:** 

445 SOUTH STREET, SUITE 220 MORRISTOWN, NJ 07962

**Current Mailing Address:** 

445 SOUTH STREET, SUITE 220 PO BOX 1988 MORRISTOWN, NJ 07962 US

FEI Number: 06-1430254 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER J. EDWIN LARSON BUILDING 200 E. GAINES ST TALLAHASSEE, FL 32399-0301 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

City-State-Zip:

Officer/Director Detail:

Title Title

HALGAN, JEROME GRANDISSON, MARC Name Name

Address 445 SOUTH STREET, SUITE 220 Address 445 SOUTH STREET, SUITE 220

PO BOX 1988

MORRISTOWN NJ 07962

City-State-Zip: MORRISTOWN NJ 07962 MORRISTOWN NJ 07962 City-State-Zip:

D/CF Title

Title Name GOLUB, BARRY E

KUMMERT, JANET Name Address 445 SOUTH STREET, SUITE 220

445 SOUTH STREET, SUITE 220 Address PO BOX 1988 PO BOX 1988

City-State-Zip: MORRISTOWN NJ 07962 MORRISTOWN NJ 07962 City-State-Zip:

Title D

Title D OLSON, TIMOTHY J Name

BLUMSOHN, GARY Name 445 SOUTH STREET, SUITE 220 Address

445 SOUTH STREET, SUITE 220 Address PO BOX 1988

MORRISTOWN NJ 07962 City-State-Zip:

Title **DIRECTOR** 

Name FORHSAY, TIMOTHY

445 SOUTH STREET, SUITE 220 Address

City-State-Zip: MORRISTOWN NJ 07962

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.

01/26/2016 SIGNATURE: JANET KUMMERT SECRETARY

**FILED** Jan 26, 2016

Secretary of State

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