

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 12, 2013
Secretary of State
CC4101690905

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
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 D
Name GANSBERG, DAVID E
Address 445 SOUTH STREET, SUITE 220
PO BOX 1988
City-State-Zip: MORRISTOWN NJ 07962

Title D
Name RATHGETHER, JOHN F
Address 445 SOUTH STREET, SUITE 220
PO BOX 1988
City-State-Zip: MORRISTOWN NJ 07962

Title D
Name GRANDISSON, MARC
Address 445 SOUTH STREET, SUITE 220
PO BOX 1988
City-State-Zip: MORRISTOWN NJ 07962

Title D/CF
Name GOLUB, BARRY E
Address 445 SOUTH STREET, SUITE 220
PO BOX 1988
City-State-Zip: MORRISTOWN NJ 07962

Title S
Name KUMMERT, JANET
Address 445 SOUTH STREET, SUITE 220
PO BOX 1988
City-State-Zip: MORRISTOWN NJ 07962

Title D/P
Name OLSON, TIMOTHY J
Address 445 SOUTH STREET, SUITE 220
PO BOX 1988
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.

SIGNATURE: JANET KUMMERT

V.P. & CORP.
SECRETARY

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date