## 2013 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 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

FILED Feb 12, 2013

Secretary of State

CC4101690905

Officer/Director Detail:

Title D Title D

Name GANSBERG, DAVID E Name RATHGETHER, JOHN F

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

PO BOX 1988 PO BOX 1988

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

Title D Title D/CF

Name GRANDISSON, MARC Name GOLUB, BARRY E

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

PO BOX 1988 PO BOX 1988

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

Title S Title D/P

Name KUMMERT, JANET Name OLSON, TIMOTHY J

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

PO BOX 1988 PO BOX 1988

City-State-Zip: MORRISTOWN NJ 07962 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