

2024 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

FILED
Apr 09, 2024
Secretary of State
9915187283CC

Current Mailing Address:

445 SOUTH STREET
SUITE 220
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

Officer/Director Detail :

Title CFO
Name GOLUB, BARRY E.
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name GOLUB, BARRY E.
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name BLUMSOHN, GARY
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name FORHSAY, TIMOTHY
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name RAJEH, MAAMOUN
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name MOLLER, PEDER
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title TREASURER
Name FORHSAY, TIMOTHY
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title PRESIDENT/CEO
Name MOLLER, PEDER
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

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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: KATHERINE DAILEY

SECRETARY

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name DAILEY, KATHERINE
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name SCHRIBER, JONATHAN
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name LAURENZANO, VINCENT
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962

Title PRESIDENT
Name MOLLER, PEDER
Address 445 SOUTH STREET
SUITE 220
City-State-Zip: MORRISTOWN NJ 07962