

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003614

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**6916502473CC**

**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  
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 SECRETARY  
Name MERBER, SHERRY  
Address 445 SOUTH STREET  
SUITE 220  
City-State-Zip: MORRISTOWN NJ 07962

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

Title PRESIDENT  
Name VIVIAN, KENNETH  
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 DIRECTOR  
Name RAJEH, MAAMOUN  
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 BLUMSOHN, GARY  
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

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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: SHERRY MERBER**

**SECRETARY**

**03/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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