

2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F97000003614

FILED
Mar 28, 2023
Secretary of State
9895943607CC

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

Title PRESIDENT/CEO
Name PEDER, MOLLER
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

Continues on page 2

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: DAILEY , KATHERINE M

SECRETARY

03/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLUB, BARRY E.
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