

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826986

FILED  
Jan 05, 2010  
Secretary of State

Entity Name: ARCH INDEMNITY INSURANCE COMPANY

**Current Principal Place of Business:**

C/O ARCH, INSURANCE GROUP, INC.  
300 PLAZA THREE  
JERSEY CITY, NJ 07311 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARCH, INSURANCE GROUP, INC.  
300 PLAZA THREE  
JERSEY CITY, NJ 07311 US

**New Mailing Address:**

FEI Number: 39-1128299      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
THE CAPITOL  
TALLAHASSEE, FL 323990810 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LYONS, MARK  
Address: 300 PLAZA THREE  
City-St-Zip: JERSEY CITY, NJ 07311 US

Title: D  
Name: EDACK, JOHN S  
Address: 300 PLAZA THREE  
City-St-Zip: JERSEY CITY, NJ 07311

Title: DEVP  
Name: BRAND, DENNIS  
Address: 300 PLAZA THREE  
City-St-Zip: JERSEY CITY, NJ 07311

Title: DS  
Name: NILSEN, MARTIN J  
Address: 300 PLAZA THREE  
City-St-Zip: JERSEY CITY, NJ 07311

Title: EVP  
Name: DARRIGRAND, ELLEN H  
Address: 300 PLAZA THREE  
City-St-Zip: JERSEY CITY, NJ 07311

Title: D  
Name: EICHLER, FRED S  
Address: 300 PLAZA THREE  
City-St-Zip: JERSEY CITY, NJ 07311

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: MELISSA B. GILLIGAN

AS

01/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date