

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826986

FILED
Jan 07, 2014
Secretary of State
CC1073124718

Entity Name: ARCH INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

ONE LIBERTY PLAZA
53RD FLOOR
NEW YORK, NY 10006

Current Mailing Address:

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

FEI Number: 39-1128299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
THE CAPITOL
TALLAHASSEE, FL 32399-0810 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 PRESIDENT
Name MURPHY, MICHAEL
Address ONE LIBERTY PLAZA, 53RD FLOOR
City-State-Zip: NY NY 10006

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

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

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

Title DT
Name AHERN, THOMAS J
Address 300 PLAZA THREE
City-State-Zip: JERSEY CITY NJ 07311

Title AS
Name GILLIGAN, MELISSA B
Address 330 BOSTON POST ROAD, SUITE 200
City-State-Zip: DARIEN CT 06820

Title CHAIRMAN & CEO
Name MCELROY, DAVID
Address 300 PLAZA THREE
 3RD FLOOR
City-State-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

ASSISTANT SECRETARY **01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date