2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826986

Entity Name: ARCH INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

300 PLAZA THREE
3RD FLOOR
JERSEY CITY, NJ 07311

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: Yes

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		Title	D
Name	MENTZ, JOHN P		Name	EDACK, JOHN S
Address	300 PLAZA THREE 3RD FLOOR		Address	300 PLAZA THREE
City-State-Zip:	JERSEY CITY NJ 07311		City-State-Zip:	JERSEY CITY NJ 07311
Title	DEVP		Title	DT
Name	BRAND, DENNIS		Name	AHERN, THOMAS J
Address	300 PLAZA THREE		Address	300 PLAZA THREE
City-State-Zip:	JERSEY CITY NJ 07311		City-State-Zip:	JERSEY CITY NJ 07311
Title	AS		Title	CHAIRMAN & CEO
Name	GILLIGAN, MELISSA B		Name	MCELROY, DAVID
Address	330 BOSTON POST ROAD, SUITE 200		Address	300 PLAZA THREE 3RD FLOOR
City-State-Zip:	DARIEN CT 06820		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   01/12/2015

Electronic Signature of Signing Officer/Director Detail	Date