2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826986

Entity Name: ARCH INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

HARBORSIDE 3
210 HUDSON STREET SUITE 300
JERSEY CITY, NJ 07311

Current Mailing Address:

HARBORSIDE 3
210 HUDSON STREET SUITE 300
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, DIRECTOR	Title	D
Name	MENTZ, JOHN P	Name	EDACK, JOHN S
Address	HARBORSIDE 3 210 HUDSON STREET SUITE 300	Address	HARBORSIDE 3 210 HUDSON STREET SUITE 300
City-State-Zip:	JERSEY CITY NJ 07311	City-State-Zip:	JERSEY CITY NJ 07311
Title	DT	Title	AS
Name	AHERN, THOMAS J	Name	GILLIGAN, MELISSA B
Address	HARBORSIDE 3 210 HUDSON STREET SUITE 300	Address	185 ASYLUM STREET CITYPLACE II 16TH FLOOR
City-State-Zip:	JERSEY CITY NJ 07311	City-State-Zip:	HARTFORD CT 06103
Title	SECRETARY, DIRECTOR	Title	EXECUTIVE VICE PRESIDENT
Name	NAILS, PATRICK	Name	FIRST, BRIAN
Address	HARBORSIDE 3 210 HUDSON STREET SUITE 300	Address	185 ASYLUM STREET CITYPLACE II, 16TH FLOOR
City-State-Zip:	JERSEY CITY NJ 07311	City-State-Zip:	HARTFORD CT 06103

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   01/28/2019

Electronic Signature of Signing Officer/Director Detail   Date