

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 826986

1. Entity Name
WESTERN DIVERSIFIED CASUALTY INSURANCE
COMPANY



Principal Place of Business
C/O ARCH, INSURANCE GROUP, INC.
ONE LIBERTY PLAZA, 53RD FLOOR
NEW YORK, NY 10006 US

Mailing Address
C/O ARCH, INSURANCE GROUP, INC.
ONE LIBERTY PLAZA, 53RD FLOOR
NEW YORK, NY 10006 US



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1128299 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
TJE CAPITOL
TALLAHASSEE, FL 32399-0810

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, RALPH E III
STREET ADDRESS	ONE LIBERTY PLAZA, 53RD FLOOR
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	D
NAME	KAISER, THOMAS G
STREET ADDRESS	ONE LIBERTY PLAZA, 53RD FLOOR
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	D
NAME	INGREY, PAUL B
STREET ADDRESS	ONE LIBERTY PLAZA, 53RD FLOOR
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	D
NAME	MAY, DAVID G
STREET ADDRESS	ONE LIBERTY PLAZA, 53RD FLOOR
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	D
NAME	TRISCHETTA, ELAINE A
STREET ADDRESS	ONE LIBERTY PLAZA, 53RD FLOOR
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	DSVP
NAME	NILSEN, MARTIN J
STREET ADDRESS	ONE LIBERTY PLAZA, 53RD FLOOR
CITY - ST - ZIP	NEW YORK, NY 10006

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04/12/04-80091-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ramin Taraz **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 3/5/04 **DATE** (212) 651-6502 **DAYTIME PHONE #**