

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 826986

FILED  
Oct 09, 2007  
Secretary of State

Entity Name: WESTERN DIVERSIFIED CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARCH, INSURANCE GROUP, INC.  
ONE LIBERTY PLAZA, 53RD FLOOR  
NEW YORK, NY 10006 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: CFO PURSUANT TO 48.151

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONES, RALPH E III  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006 US

Title: DP ( ) Delete  
Name: MCMAHON, THOMAS G  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: EVP ( ) Delete  
Name: LYONS, MARK D  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: DS ( ) Delete  
Name: NILSEN, MARTIN J  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: DSVP ( ) Delete  
Name: DARRIGRAND, ELLEN H  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: D ( ) Delete  
Name: EICHLER, FRED S  
Address: ONE LIBERTY PLAZA, 53RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELISSA B GILLIGAN

Electronic Signature of Signing Officer or Director

AS

10/09/2007

Date