

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003227

Entity Name: ARCH EXCESS & SURPLUS 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:** 06-1521582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name	MENTZ, JOHN P
Address	HARBORSIDE 3 210 HUDSON STREET SUITE 300
City-State-Zip:	JERSEY CITY NJ 07311

Title	EVP
Name	FIRST, BRIAN D
Address	HARBORSIDE 3 210 HUDSON STREET SUITE 300
City-State-Zip:	JERSEY CITY NJ 07311

Title	AS
Name	GILLIGAN, MELISSA B
Address	185 ASYLUM STREET CITYPLACE II, 16TH FLOOR
City-State-Zip:	HARTFORD CT 06103

Title	TD
Name	AHERN, THOMAS J
Address	HARBORSIDE 3 210 HUDSON STREET SUITE 300
City-State-Zip:	JERSEY CITY NJ 07311

Title	SECRETARY, DIRECTOR
Name	NAILS, PATRICK D
Address	HARBORSIDE 3, 210 HUDSON STREET SUITE 300
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** 01/16/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date