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

City-State-Zip: JERSEY CITY NJ 07311

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F0900003227

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

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

Officer/Director Detail :

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

01/28/2019 ASSISTANT SECRETARY

Certificate of Status Desired: No

Date

FILED Jan 28, 2019 Secretary of State 8087921454CC

Date