

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003227

FILED
Jan 26, 2012
Secretary of State

Entity Name: ARCH EXCESS & SURPLUS INSURANCE COMPANY

Current Principal Place of Business:

ONE LIBERTY PLAZA
53RD FLOOR
NY, NY 10006

New Principal Place of Business:

Current Mailing Address:

300 PLAZA THREE, 3RD FLOOR
JERSEY CITY, NJ 07311

New Mailing Address:

FEI Number: 06-1521582 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LYONS, MARK D
Address: 300 PLAZA THREE, 3RD FLOOR
City-St-Zip: JERSEY CITY, NJ 07311

Title: VD
Name: BRAND, DENNIS R
Address: 300 PLAZA THREE, 3RD FLOOR
City-St-Zip: OMAHA, NE 68145

Title: DS
Name: NILSEN, MARTIN J
Address: 300 PLAZA THREE, 3RD FLOOR
City-St-Zip: JERSEY CITY, NJ 07311

Title: AS
Name: GILLIGAN, MELISSA B ASST.
Address: 330 BOSTON POST ROAD, SUITE 200
City-St-Zip: DARIEN, CT 06820

Title: TD
Name: AHERN, THOMAS J
Address: 300 PLAZA THREE, 3RD FLOOR
City-St-Zip: JERSEY CITY, NJ 07311

Title: V
Name: LABELL, JOSEPH S
Address: 330 BOSTON POST ROAD, SUITE 200
City-St-Zip: DARIEN, CT 06820

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

AS

01/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date