

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215549541
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1.) CORPORATION NAME: <b>Arch Indemnity Insurance Company</b>	DUE DATE: <b>8/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F0230054</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED				
COMMON	1,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>MO</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O ARCH INSURANCE GROUP INC  
300 PLAZA THREE, 3L

CITY/ST/ZIP: JERSEY CITY, NJ 07311

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS AHEARN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: SR VP/CFO			
ADDRESS: 300 PLAZA THREE, 3RD FL			
CITY/ST/ZIP/CO: JERSEY CITY, NJ 07311			

NAME: PATRICK K NAILS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: S/SVP/GC/DIRE			
ADDRESS: 300 PLAZA THREE, 3RD FLOOR			
CITY/ST/ZIP/CO: JERSEY CITY, NJ 07311			

NAME: DENNIS R BRAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: CAO/DIR			
ADDRESS: 300 PLAZA THREE, 3RD FLOOR			
CITY/ST/ZIP/CO: JERSEY CITY, NJ 07311			

NAME: MICHAEL R MURPHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: V CHRM/DIRE			
ADDRESS: 300 PLAZA THREE, 3FL			
CITY/ST/ZIP/CO: JERSEY CITY, NJ 07311			

NAME: MELISSA GILLIGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: ASST SECRETARY			
ADDRESS: 330 BOSTON POST ROAD			
CITY/ST/ZIP/CO: SUITE 200 DARIEN, CT 06820			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MELISSA GILLIGAN	MELISSA GILLIGAN, ASST SECRETARY	5/4/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.