

1.) CORPORATION NAME:

Beazley Insurance Company, Inc.

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0393985**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30 BATTERSON PARK RD

CITY/ST/ZIP: FARMINGTON, CT 06032

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: DAVID A HORTON TITLE: PRESIDENT ADDRESS: 60 Great Tower Street CITY/ST/ZIP/CO: London, EC3R 5AD, GB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTIN L BRIDE TITLE: EXEC VP ADDRESS: PLANTATION PLACE SOUTH CITY/ST/ZIP/CO: London, EC3R 5AD, GB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLEN Z LOMBARD TITLE: TREASURER ADDRESS: 30 BATTERSON PARK ROAD CITY/ST/ZIP/CO: FARMINGTON, CT 06032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTINE P OLDRIDGE TITLE: SECRETARY ADDRESS: 30 BATTERSON PARK RD CITY/ST/ZIP/CO: FARRINGTON, CT 06032	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JONATHAN G GRAY TITLE: DIRECTOR ADDRESS: 60 Great Tower Street CITY/ST/ZIP/CO: London, EC3R 5AD, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mark R Bernacki TITLE: DIRECTOR ADDRESS: 60 Great Tower Street CITY/ST/ZIP/CO: London, EC3R 5AD, GB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Judith A Patterson TITLE: DIRECTOR ADDRESS: 141 Tremont Street Suite 1200 CITY/ST/ZIP/CO: Boston, MA 02111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Elizabeth L Strange TITLE: DIRECTOR ADDRESS: 141 Tremont Street Suite 1200 CITY/ST/ZIP/CO: Boston, MA 02111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Michael L Donovan TITLE: DIRECTOR ADDRESS: 101 California Street Suite 1850 CITY/ST/ZIP/CO: San Francisco, VA 94111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Laura A Maragnano TITLE: ASST SECRETARY ADDRESS: 30 Batterson Park Road CITY/ST/ZIP/CO: Farmington, CT 06032	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: David J Giroux TITLE: ASST TREASURER ADDRESS: 30 Batterson Park Road CITY/ST/ZIP/CO: Farmington, CT 06032	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ CHRISTINE P OLDRIDGE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINE P OLDRIDGE, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/18/2012 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.		