

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213537598

1.) CORPORATION NAME:

Beazley Insurance Company, Inc.

DUE DATE: **9/30/2013**

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**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

RICHMOND, VA

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	60 GREAT TOWER STREET		
CITY/ST/ZIP/CO:	London, EC3R 5AD, GB		

NAME:	MARTIN L BRIDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	60 Great Tower Street		
CITY/ST/ZIP/CO:	London, EC3R 5AD, GB		

NAME:	ELLEN Z LOMBARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	30 BATTERSON PARK ROAD		
CITY/ST/ZIP/CO:	FARMINGTON, CT 06032		

NAME:	DAVID J GIROUX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	30 BATTERSON PARK ROAD		
CITY/ST/ZIP/CO:	FARMINGTON, CT 06032		

NAME:	MARK R BERNACKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CUO		
ADDRESS:	60 Great Tower Street		
CITY/ST/ZIP/CO:	London, EC3R 5AD, GB		

NAME:	LAURA A MARAGNANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	30 BATTERSON PARK ROAD		
CITY/ST/ZIP/CO:	FARMINGTON, CT 06032		

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: MICHAEL L DONOVAN TITLE: DIRECTOR ADDRESS: 101 CALIFORNIA STREET CITY/ST/ZIP/CO: SUITE 1850 SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Adrian P Cox TITLE: VICE 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: Daniel L Jones TITLE: VICE PRESIDENT ADDRESS: 60 Great Tower Street CITY/ST/ZIP/CO: London, EC3R 5AD, GB	<input checked="" type="checkbox"/> OFFICER <input checked="" 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	8/13/2013 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.		