

1.) CORPORATION NAME:

DUE DATE: **1/31/2012**

Endurance Risk Solutions Assurance Co.

SCC ID NO: **F0601247**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 WESTCHESTER AVENUE

CITY/ST/ZIP: WHITE PLAINS, NY 10604-

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: SEAN M FITZPATRICK
TITLE: PRESIDENT
ADDRESS: 750 THIRD AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10017-

OFFICER

DIRECTOR

NAME: WILLIAM M JEWETT
TITLE: DIRECTOR
ADDRESS: 90 PITTS BAY ROAD
CITY/ST/ZIP/CO: PEMBROKE, HM BERMUDA, 08-, BERMUDA

OFFICER

DIRECTOR

NAME: DAVID S CASH
TITLE: DIRECTOR
ADDRESS: 90 PITTS BAY ROAD
CITY/ST/ZIP/CO: PEMBROKE, HM BERMUDA, 08-, BERMUDA

OFFICER

DIRECTOR

NAME: MICHAEL J MCGUIRE
TITLE: DIRECTOR
ADDRESS: 90 PITTS BAY ROAD
CITY/ST/ZIP/CO: PEMBROKE, HM BERMUDA, 08-, BERMUDA

OFFICER

DIRECTOR

NAME: MARK G YING
TITLE: EVP
ADDRESS: 725 S FIGUEROA STREET
SUITE 2100
CITY/ST/ZIP/CO: LOS ANGELES, CA 90017-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WESLEY G GREENOP TREASURER 333 WESTCHESTER AVENUE WHITE PLAINS, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL S LURIE SECRETARY 333 WESTCHESTER AVENUE WHITE PLAINS, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C MINETT SVP 750 THIRD AVENUE NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY H GARRIGAN SVP 767 THIRD AVENUE NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC J KARNELL SVP 750 THIRD AVENUE NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ DANIEL S LURIE	DANIEL S LURIE, SECRETARY	1/30/2012
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.