

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

**Endurance Risk Solutions Assurance Co.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0601247**

**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.

<p>NAME: JOSEPH C. O'DONNELL TITLE: PRESIDENT ADDRESS: 750 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DANIEL S. LURIE TITLE: SECRETARY ADDRESS: 333 WESTCHESTER AVENUE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10017</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: KENNETH G. CADEMATORI TITLE: TREASURER ADDRESS: 333 WESTCHESTER AVENUE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10017</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD M. APPEL TITLE: SVP ADDRESS: 750 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MARC J. KARNELL TITLE: EVP ADDRESS: 750 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN C. MINETT TITLE: SVP ADDRESS: 750 THIRD AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID S. CASH DIRECTOR 90 PITTS BAY ROAD PEMBROKE HM08, BERMUDA, VA 00000	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN V. DEL COL DIRECTOR 90 PITTS BAY ROAD PEMBROKE HM08, BERMUDA, VA 00000	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. MCGUIRE DIRECTOR 90 PITTS BAY ROAD PEMBROKE HM08, BERMUDA, VA 00000	<input 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/ DANIEL S. LURIE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL S. LURIE, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/29/2013 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.			