

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

Endurance Risk Solutions Assurance Co.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0601247**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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| 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.

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| <p>NAME: DOUGLAS M. WORMAN 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: STAN OSOFSKY TITLE: TREASURER 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 10604</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 |

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| NAME: JOHN V. DEL COL TITLE: DIRECTOR ADDRESS: 90 PITTS BAY ROAD CITY/ST/ZIP/CO: PEMBROKE HM08, BERMUDA, , BM | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOHN A. KUHN TITLE: DIRECTOR ADDRESS: 90 PITTS BAY ROAD CITY/ST/ZIP/CO: PEMBROKE HM08, BERMUDA, , BM | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL J. MCGUIRE TITLE: DIRECTOR ADDRESS: 90 PITTS BAY ROAD CITY/ST/ZIP/CO: PEMBROKE HM08, BERMUDA, , BM | <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 | 2/18/2014 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. | | |