

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

**Max Specialty Insurance Services Ltd.**

SCC ID NO: **F1728866**

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	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9020 STONY POINT PARKWAY  
STE 325

CITY/ST/ZIP: RICHMOND, VA 23235-

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: STEPHEN J VACCARO JR  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 9020 STONY POINT PKWY  
STE 325 C/O MAX SPECIALTY INSURANCE COMPANY  
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

NAME: STEPHEN M LODERICK  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 9020 STONY POINT PKWY  
SUITE 325  
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

NAME: PETER A MINTON  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 2 FRONT ST C/O MAX RE CAPITAL LTD  
HAMLIN,,,BERMUDA  
CITY/ST/ZIP/CO: , -,

NAME: BRYAN W SANDERS  OFFICER  DIRECTOR  
TITLE: COO  
ADDRESS: 9020 STONY POINT PKWY  
SUITE 325  
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

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/ STEPHEN M LODERICK  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

STEPHEN M LODERICK,  
TREASURER  
PRINTED NAME AND CORPORATE  
TITLE

10/27/2011  
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.