

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212541940

1.) CORPORATION NAME:

**Max Specialty Insurance Services Ltd.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1728866**

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRYAN W SANDERS			
TITLE:	CEO			
ADDRESS:	9020 STONY POINT PKWY SUITE 325 RICHMOND, VA 23235			
CITY/ST/ZIP/CO:				

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	PETER A MINTON			
TITLE:	DIRECTOR			
ADDRESS:	2 FRONT ST C/O Alterra RE CAPITAL LTD Hamilton, HM11, BM			
CITY/ST/ZIP/CO:				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Sheila N Carter			
TITLE:	SECRETARY			
ADDRESS:	5 Essex Ave Ste 300 Bernardsville, NJ 07924			
CITY/ST/ZIP/CO:				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Phil Vedell			
TITLE:	CAO			
ADDRESS:	9020 Stony Point Pkwy Suite 325 Richmond, VA 23235			
CITY/ST/ZIP/CO:				

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Douglas Worman			
TITLE:	DIRECTOR			
ADDRESS:	55 Broadway NY, NY 10005			
CITY/ST/ZIP/CO:				

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	W Marston Becker			
TITLE:	DIRECTOR			
ADDRESS:	2 Front St Hamilton, HM 11, BM			
CITY/ST/ZIP/CO:				

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.

<u>/s/ BRYAN W SANDERS</u>	<u>BRYAN W SANDERS, CEO</u>	<u>10/30/2012</u>
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.