

1.) CORPORATION NAME:

DUE DATE: **11/30/2013**

**Max Specialty Insurance Services Ltd.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1728866**

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

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: 4521 Highwoods Parkway

CITY/ST/ZIP: Glen Allen, VA 23060

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: BRYAN W SANDERS TITLE: PRESIDENT ADDRESS: 4521 Highwoods Parkway CITY/ST/ZIP/CO: Glen Allen, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Richard Reeves Whitt, III TITLE: Sr Vice Pres. ADDRESS: 4521 Highwoods Parkway CITY/ST/ZIP/CO: Glen Allen, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Anne Galbraith Waleski TITLE: TREASURER ADDRESS: 4521 Highwoods Parkway CITY/ST/ZIP/CO: Glen Allen, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Nora Newton Crouch TITLE: VICE PRESIDENT ADDRESS: 4521 Highwoods Parkway CITY/ST/ZIP/CO: Glen Allen, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Beth deGroat TITLE: VICE PRESIDENT ADDRESS: 4521 Highwoods Parkway CITY/ST/ZIP/CO: Glen Allen, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Dewey Michael Jones TITLE: VICE PRESIDENT ADDRESS: 4521 Highwoods Parkway CITY/ST/ZIP/CO: Glen Allen, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Randolph Grinnan SECRETARY 4521 Highwoods Parkway Glen Allen, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	April Lynn Duff ASST TREASURER 4521 Highwoods Parkway Glen Allen, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sheila Nugent Carter ASST SECRETARY 535 Springfield Ave Suite 200 Summit, NJ 07901	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kathleen Anne Sturgeon ASST SECRETARY 4521 Highwoods Parkway Glen Allen, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Genevieve Kickertz Murtaugh ASST SECRETARY 4521 Highwoods Parkway Glen Allen, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kelli S Plusch ASST SECRETARY 4521 Highwoods Parkway Glen Allen, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gerard Albanese, Jr. DIRECTOR 4521 Highwoods Parkway Glen Allen, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Francis Michael Crowley DIRECTOR 4521 Highwoods Parkway Glen Allen, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Britton Lee Glisson DIRECTOR 4521 Highwoods Parkway Glen Allen, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bradley James Kiscaden DIRECTOR 4521 Highwoods Parkway Glen Allen, VA 23060	<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/ BRYAN W SANDERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRYAN W SANDERS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/20/2013 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.			