

1.) CORPORATION NAME:

Alterra America Insurance Company

DUE DATE: **2/28/2011**

SCC ID NO: **F0056798**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	18,000
PREFER	5,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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.
TITLE: PRES & CEO
ADDRESS: 9020 STONY POINT PKWY
STE 325
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

OFFICER

DIRECTOR

NAME: BRYAN SANDERS
TITLE: PRESIDENT
ADDRESS: 9020 STONY POINT PKWY
STE 325
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

OFFICER

DIRECTOR

NAME: STEPHEN M LODERICK
TITLE: CFO/S/T
ADDRESS: 9020 STONY POINT PKWY
STE 325
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

OFFICER

DIRECTOR

NAME: DOUGLAS WORMAN
TITLE: VICE PRESIDENT
ADDRESS: 55 BROADWAY, SUITE 902
CITY/ST/ZIP/CO: NEW YORK, NY 10006-

OFFICER

DIRECTOR

NAME: SHEILA CARTER TITLE: ASST SECRETARY ADDRESS: 4 ESSEX AVENUE, SUITE 300 CITY/ST/ZIP/CO: BERNARDSVILLE, NJ 07924-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BERNARD ASIRIFI TITLE: ASST SECRETARY ADDRESS: 4 ESSEX AVENUE, SUITE 300 CITY/ST/ZIP/CO: BERNARDSVILLE, NJ 07924-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PETER MINTON TITLE: DIRECTOR ADDRESS: 9020 STONY POINT PARKWAY, SUITE 325 CITY/ST/ZIP/CO: RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM KRONENBERG TITLE: DIRECTOR ADDRESS: 9020 STONY POINT PARKWAY, SUITE 325 CITY/ST/ZIP/CO: RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES MACNAUGHTON TITLE: DIRECTOR ADDRESS: 9020 STONY POINT PARKWAY, SUITE 325 CITY/ST/ZIP/CO: RICHMOND, VA 23235-	<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/ STEPHEN M LODERICK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN M LODERICK, CFO/S/T _____ PRINTED NAME AND CORPORATE TITLE
2/2/2011 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.	