

1.) CORPORATION NAME:

Alterra America Insurance Company

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **2/29/2012**

SCC ID NO: **F0056798**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	18,000
PREFER	5,000

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:	BRYAN SANDERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9020 STONY POINT PKWY STE 325		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-		
NAME:	BERNARD ASIRIFI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4 ESSEX AVENUE, SUITE 300		
CITY/ST/ZIP/CO:	BERNARDSVILLE, NJ 07924-		
NAME:	WILLIAM KRONENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9020 STONY POINT PARKWAY, SUITE 325		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-		
NAME:	JAMES MACNAUGHTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9020 STONY POINT PARKWAY, SUITE 325		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-		
NAME:	PETER MINTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9020 STONY POINT PARKWAY, SUITE 325		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN J. VACCARO, JR.	
TITLE:	CHAIRMAN	
ADDRESS:	9020 STONY POINT PKWY STE 325	
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS WORMAN	
TITLE:	CEO	
ADDRESS:	55 BROADWAY, SUITE 902	
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SHEILA CARTER	
TITLE:	SECRETARY	
ADDRESS:	4 ESSEX AVENUE, SUITE 300	
CITY/ST/ZIP/CO:	BERNARDSVILLE, NJ 07924-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN M LODERICK	
TITLE:	CFO/Asst Sec/Tr	
ADDRESS:	9020 STONY POINT PKWY STE 325	
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTHEW CRUSEY	
TITLE:	ASST SECRETARY	
ADDRESS:	9020 STONY POINT PARKWAY 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.

<u>/s/ STEPHEN M LODERICK</u>	STEPHEN M LODERICK, CFO/Asst	<u>2/4/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>Sec/Tr</u> 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.