

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

**Alterra America Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0056798**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

**RICHMOND, VA 23219**

CLASS	AUTHORIZED
COMMON	18,000
PREFER	5,000

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:	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:	SHANELLE L BURKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC/TREAS		
ADDRESS:	9020 STONY POINT PKWY STE 325		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235		

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

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:	SHEILA CARTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	535 Springfield Ave, Suite 200		
CITY/ST/ZIP/CO:	Summit, NJ 07901		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW CRUSEY ASST SECRETARY 9020 STONY POINT PARKWAY SUITE 325 RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM KRONENBERG DIRECTOR 9020 STONY POINT PARKWAY, SUITE 325 RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MACNAUGHTON DIRECTOR 9020 STONY POINT PARKWAY, SUITE 325 RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER MINTON DIRECTOR 9020 STONY POINT PARKWAY, SUITE 325 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/ BRYAN SANDERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRYAN SANDERS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/30/2013 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.			