

1.) CORPORATION NAME:

**Allied World Reinsurance Company**

DUE DATE: **9/30/2011**

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**

SCC ID NO: **F1332305**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14 CENTRE ST

CITY/ST/ZIP: CONCORD, NH 03301-

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:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
JOHN BENDER	PRESIDENT	199 WATER STREET	NEW YORK, NY 10038-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KAREN COLONNA	SVP/ASST SEC	199 WATER STREET	NEW YORK, NY 10038-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROBERT LARSON	TREASURER	199 WATER STREET	NEW YORK, NY 10038-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
THOMAS KELLY	CHIEF UNDERWRIT	199 WATER STREET	NEW YORK, NY 10038-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RICHARD E. JODOIN	DIRECTOR	225 FRANKLIN STREET 27TH FLOOR	BOSTON, MA 02110-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. GORDON KNIGHT DIRECTOR 199 WATER STREET 24TH FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT A CARMILANI CHAIRMAN 199 WATER STREET 24TH FLOOR NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH CELLARS Chief Pricing A 199 WATER STREET, 25TH FL NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES PAULHUS ASST TREASURER 199 WATER STREET, 25TH FL NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WESLEY DUPONT SECRETARY 199 WATER STREET, 24TH FL NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY CURRY ASST SECRETARY 1690 NEW BRITAIN AVE SUITE 101 FARMINGTON, CT 06032-	<input checked="" type="checkbox"/> OFFICER	<input 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.			
<u>/s/ KAREN COLONNA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KAREN COLONNA, SVP/ASST SEC</u> PRINTED NAME AND CORPORATE TITLE	<u>9/26/2011</u> 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.			