

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213544533

1.) CORPORATION NAME:

Allied World Insurance Company

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: JOHN BENDER OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 199 WATER STREET
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

NAME: KAREN COLONNA OFFICER DIRECTOR
 TITLE: SVP/ASST SEC
 ADDRESS: 199 WATER STREET
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

NAME: ROBERT LARSON OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 199 WATER STREET
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

NAME: JAMES PAULHUS OFFICER DIRECTOR
 TITLE: ASST TREASURER
 ADDRESS: 199 WATER STREET, 25TH FL
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

NAME: SCOTT A CARMILANI OFFICER DIRECTOR
 TITLE: CHAIRMAN
 ADDRESS: 199 WATER STREET
 24TH FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

NAME: TIMOTHY CURRY OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 1690 NEW BRITAIN AVE
 SUITE 101
 CITY/ST/ZIP/CO: FARMINGTON, CT 06032

NAME: RICHARD E. JODOIN TITLE: VICE CHAIRMAN ADDRESS: TWO LIBERTY SQUARE, 11TH FLOOR CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W. GORDON KNIGHT TITLE: PRESIDENT ADDRESS: 199 WATER STREET CITY/ST/ZIP/CO: 24TH FLOOR NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Louis Iglesias TITLE: PRESIDENT ADDRESS: 199 Water Street, 24th Floor CITY/ST/ZIP/CO: New York, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Susan Chmieleski TITLE: PRESIDENT ADDRESS: 199 Water Street, 24th Floor CITY/ST/ZIP/CO: New York, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Robert Bowden TITLE: EVP ADDRESS: 550 South Hope Street CITY/ST/ZIP/CO: Suite 1825 Los Angeles, CA 90071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Paul C. Martin TITLE: EVP ADDRESS: 1690 New Britain Ave., Suite 101 CITY/ST/ZIP/CO: 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.		
/s/ KAREN COLONNA	KAREN COLONNA, SVP/ASST SEC	9/24/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		