

1.) CORPORATION NAME:

Allied World National Assurance Company

DUE DATE: **11/30/2011**

SCC ID NO: **F1728064**

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

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 199 WATER ST, 24TH FL

CITY/ST/ZIP: NEW YORK, NY 10036-

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.

| | | |
|-----------------|---------------------------------------------|----------------------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | RICHARD E. JODOIN | |
| TITLE: | VICE CHAIRMAN | |
| ADDRESS: | 225 FRANKLIN STREET 27TH FLOOR | |
| CITY/ST/ZIP/CO: | BOSTON, MA 02110- | |

| | | |
|-----------------|---------------------------------------------|----------------------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | WORTH GORDON KNIGHT, JR. | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 199 WATER ST. 24TH FL. | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10038- | |

| | | |
|-----------------|---------------------------------------------|----------------------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JOHN J MCELROY | |
| TITLE: | President | |
| ADDRESS: | 199 WATER ST 24TH FL | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10038- | |

| | | |
|-----------------|---------------------------------------------|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | TODD GERMANO | |
| TITLE: | President, PC | |
| ADDRESS: | 199 WATER ST., 24TH FL. | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10038- | |

| | | |
|-----------------|---------------------------------------------|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | ROBERT BOWDEN | |
| TITLE: | EVP U.S. MARKET | |
| ADDRESS: | 550 S. HOPE STREET SUITE 1825 | |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90071- | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------|
| NAME: WESLEY D. DUPONT TITLE: SECRETARY ADDRESS: 199 WATER STREET, 24TH FL. CITY/ST/ZIP/CO: NEW YORK, NY 10038- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: KAREN COLONNA TITLE: ASST SECRETARY ADDRESS: 199 WATER ST., 29TH FL. CITY/ST/ZIP/CO: NEW YORK, NY 10038- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: TIMOTHY CURRY TITLE: ASST SECRETARY ADDRESS: 1690 NEW BRITAIN AVE. SUITE 101 CITY/ST/ZIP/CO: FARMINGTON, CT 06032- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: ROBERT LARSON TITLE: TREASURER ADDRESS: 199 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: JAMES BERNARD PAULHUS TITLE: ASST TREASURER ADDRESS: 199 WATER STREET 25TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: SCOTT A CARMILANI TITLE: CHAIRMAN ADDRESS: 199 WATER STREET, 24TH FL. CITY/ST/ZIP/CO: NEW YORK, NY 10038- | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: PAUL C. MARTIN TITLE: EVP, CHIEF ACTU 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. | | |
| <u>/s/ KAREN COLONNA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>KAREN COLONNA, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE | <u>11/18/2011</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. | | |