

SERFF Tracking Number: DRWN-125963926 State: Arkansas
 Filing Company: Allied World National Assurance Company State Tracking Number: EFT \$150
 Company Tracking Number: AWNAC-08-DO-02
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0020 Commercial Umbrella & Excess
 Product Name: Revised D&O Declarations Signatures
 Project Name/Number: /

Filing at a Glance

Company: Allied World National Assurance Company

Product Name: Revised D&O Declarations Signatures SERFF Tr Num: DRWN-125963926 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$150

Sub-TOI: 17.0020 Commercial Umbrella & Excess

Co Tr Num: AWNAC-08-DO-02

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Joseph Russo

Disposition Date: 01/07/2009

Date Submitted: 12/29/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments: Submitted simultaneously in all jurisdictions

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/07/2009

State Status Changed: 01/07/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Allied World National Assurance Company (the "Company") currently has on file with your Department the following Directors and Officers policies:

- Directors & Officers and Corporate Liability Insurance Policy
- Excess Directors & Officers Liability Insurance Following Form Policy

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- Side "A" Directors & Officers Excess and Lead Difference-In-Conditions ("DIC") Insurance Policy

Due to the recent change of its President, the Company is filing revised Declarations for the referenced Policies. Please note that apart from the revised signature, the Declarations remain unchanged.

Company and Contact

Filing Contact Information

Joe Russo, Compliance Analyst joseph.russo@awac.com
 199 Water Street, 24th Floor (646) 794-0572 [Phone]
 New York, NY 10038 (646) 794-0610[FAX]

Filing Company Information

Allied World National Assurance Company CoCode: 10690 State of Domicile: New Hampshire
 225 Franklin Street Group Code: 3239 Company Type:
 Boston, MA 02110 Group Name: State ID Number:
 (212) 635-5300 ext. [Phone] FEIN Number: 02-0493244

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 3 forms = \$150
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allied World National Assurance Company	\$150.00	12/29/2008	24739241

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/07/2009	01/07/2009

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Disposition

Disposition Date: 01/07/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: DRWN-125963926 *State:* Arkansas
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Product Name: Revised D&O Declarations Signatures
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Item Type	Item Name	Item Status	Public Access
Form	Directors & Officers and Corporate Liability Insurance Policy	Approved	Yes
Form	Excess Directors & Officers Liability Insurance Following Form Policy	Approved	Yes
Form	Side "A" Directors & Officers Excess and Lead Difference-In-Conditions ("DIC") Insurance Policy	Approved	Yes

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 Product Name: Revised D&O Declarations Signatures
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Directors & Officers and Corporate Liability Insurance Policy	DO 00026 00	08/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DO 00026 00 (09/07) Previous Filing #: D&O-2007-001-A		DO 00026 00_08-08_ - AWNAC Primary DO Policy Dec Page.pdf
Approved	Excess Directors & Officers Liability Insurance Following Form Policy	DO 00020 00	08/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DO 00020 00 (09/07) Previous Filing #: EXDO-2007-0003-A		DO 00020 AWNAC DEC PAGE 08-08.pdf
Approved	Side "A" Directors & Officers Excess and Lead Difference-In-Conditions ("DIC") Insurance Policy	DO 00030 00	08/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DO 00030 00 (09/07) Previous Filing #: DO-2007-002		DO 00030 00_08-08_ - AWNAC Lead DIC Dec Page.pdf



ALLIED WORLD NATIONAL ASSURANCE COMPANY
225 Franklin Street, Boston, MA 02110 • Tel. (857) 288-6000 • Fax (617) 556-8060

**DIRECTORS & OFFICERS AND CORPORATE LIABILITY
INSURANCE POLICY**

**POLICY NUMBER:
RENEWAL OF:**

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS GENERALLY LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE: THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND.

DECLARATIONS

ITEM 1: COMPANY:

ADDRESS:

ITEM 2: POLICY PERIOD:

From: _____ To: _____
(12:01 a.m. Standard Time at the address stated in Item 1)

ITEM 3: LIMIT OF LIABILITY:

A. Aggregate Limit of Liability \$ _____
aggregate for all Loss under this policy, including
Defense Costs

B. Shareholder Derivative Demand
Sublimit of Liability \$ _____
aggregate for all Investigative Costs under this policy
resulting from all Shareholder Derivative Demands

The Sublimit of Liability set forth in ITEM 3 B. is part of, and not in addition to, the Limit of Liability set forth in ITEM 3 A.

DECLARATIONS (continued)

POLICY NO.:

ITEM 4: RETENTION:

- \$0 each Claim under Insuring Agreement A.
- \$ each Claim under Insuring Agreement B.
- \$ each Claim under Insuring Agreement C.
- \$0 each Claim under Insuring Agreement D.

ITEM 5: PENDING OR PRIOR DATE:

ITEM 6: PREMIUM:

ITEM 7: DISCOVERY PERIOD:

- A. DISCOVERY PERIOD PREMIUM: _____ % of premium set forth in ITEM 6 above
- B. DISCOVERY PERIOD: _____ months

ITEM 8: ADDRESS OF INSURER FOR NOTICES UNDER THIS POLICY:

- A. Claims-Related Notices:
 ALLIED WORLD NATIONAL ASSURANCE COMPANY
 ATTN: CLAIMS DEPARTMENT
 225 FRANKLIN STREET
 BOSTON, MA 02110
- B. All Other Notices:
 ALLIED WORLD NATIONAL ASSURANCE COMPANY
 ATTN: PROFESSIONAL LIABILITY UNDERWRITING
 199 WATER STREET
 NEW YORK, NY 10038

In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



President



Asst. Secretary

AUTHORIZED REPRESENTATIVE



ALLIED WORLD NATIONAL ASSURANCE COMPANY
225 Franklin Street, Boston, MA 02110 • Tel. (857) 288-6000 • Fax (617) 556-8060

EXCESS DIRECTORS & OFFICERS LIABILITY INSURANCE
FOLLOWING FORM POLICY

POLICY NUMBER:
RENEWAL OF:

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS GENERALLY LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE: THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND.

DECLARATIONS

ITEM 1: NAMED INSURED:

ADDRESS:

ITEM 2: POLICY PERIOD:

From: To:
(12:01 a.m. Standard Time at the address stated in Item 1)

ITEM 3: LIMIT OF LIABILITY:

\$
aggregate for all coverages combined (including Defense Costs)

EXCESS OF TOTAL
UNDERLYING LIMITS OF: \$

ITEM 4: UNDERLYING POLICIES AND INSURERS:

Primary Policy:
Insurer

Policy Number

Limits

Policy Period

DECLARATIONS (continued)

POLICY NO.:

Excess Policy(ies):			
Insurer	Policy Number	Limits	Policy Period

ITEM 5: PENDING OR PRIOR DATE:

ITEM 6: PREMIUM: \$

ITEM 7: A. DISCOVERY PERIOD/EXTENDED REPORTING PERIOD PREMIUM: ____ % of premium set forth in Item 6 above

B. DISCOVERY PERIOD/EXTENDED REPORTING PERIOD: ____ months

ITEM 8: ADDRESS OF INSURER FOR ALL NOTICES UNDER THIS POLICY:

ALLIED WORLD NATIONAL ASSURANCE COMPANY
ATTN: CLAIMS DEPARTMENT
225 FRANKLIN STREET
BOSTON, MA 02110

In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



President



Asst. Secretary

AUTHORIZED REPRESENTATIVE



ALLIED WORLD NATIONAL ASSURANCE COMPANY
225 Franklin Street, Boston, MA 02110 • Tel. (857) 288-6000 • Fax (617) 556-8060

**SIDE 'A' DIRECTORS & OFFICERS EXCESS AND
LEAD DIFFERENCE-IN-CONDITIONS ("DIC") INSURANCE POLICY**

**POLICY NUMBER:
RENEWAL OF:**

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS GENERALLY LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE: THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND.

DECLARATIONS

ITEM 1: COMPANY:

ADDRESS:

ITEM 2: POLICY PERIOD:

From: To:
(12:01 a.m. Standard Time at the address stated in Item 1)

ITEM 3: LIMIT OF LIABILITY:

\$
aggregate for all Loss under this policy, including Defense Costs

EXCESS OF TOTAL UNDERLYING LIMITS OF:

ITEM 4: REINSTATED LIMIT OF LIABILITY: \$

aggregate for all Loss under this policy, including Defense Costs

DECLARATIONS (continued)

POLICY NO.:

ITEM 5: PREMIUM:

ITEM 6: DISCOVERY PERIOD:

- A. DISCOVERY PERIOD PREMIUM: _____ % of premium set forth in Item 5 above
- B. DISCOVERY PERIOD: _____ months

ITEM 7: ADDRESS OF INSURER FOR NOTICES UNDER THIS POLICY:

- A. Claims-Related Notices:
 ALLIED WORLD NATIONAL ASSURANCE COMPANY
 ATTN: CLAIMS DEPARTMENT
 225 FRANKLIN STREET
 BOSTON, MA 02110
- B. All Other Notices:
 ALLIED WORLD NATIONAL ASSURANCE COMPANY
 ATTN: PROFESSIONAL LIABILITY UNDERWRITING
 199 WATER STREET
 NEW YORK, NY 10038

ITEM 8: SCHEDULE OF PRIMARY AND UNDERLYING EXCESS POLICIES:

Primary Policy:

Insurer	Policy Number	Limits	Policy Period
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Excess Policy(ies):

Insurer	Policy Number	Limits	Policy Period
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In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



President



Asst. Secretary

AUTHORIZED REPRESENTATIVE

SERFF Tracking Number: DRWN-125963926 *State:* Arkansas
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Rate Information

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