ALEXION

2011 Annual Report

Transforming lives through innovation in ultra-rare diseases

"My daughter was three years old when I was diagnosed with aHUS. I was so scared that I would not see her start kindergarten, much less graduate from college, get married and have her own children. After years of hospitalizations and constant dialysis, I was put on Soliris in 2011. I feel extremely blessed to be living a normal life now."

Jill Z., Patient with aHUS receiving Soliris®

2011 Accomplishments

January

Soliris® (eculizumab) becomes available to patients with paroxysmal nocturnal hemoglobinuria (PNH) in Australia following a pivotal government reimbursement decision that Soliris is life-saving

Alexion acquires Taligen Therapeutics and creates the Alexion Translational Medicine Group

February

Alexion acquires an investigational cPMP replacement therapy from Orphatec Pharmaceuticals for infants suffering from molybdenum cofactor deficiency (MoCD) Type A, a catastrophic, ultra-rare genetic metabolic disorder

March

Alexion is added to the NASDAQ-100 Index, a list of the largest domestic and international non-financial companies on the NASDAQ Stock Market

Alexion responds to the earthquake and tsunami in Japan by supporting relief efforts and working to maintain continuity of Soliris therapy for PNH patients in Japan

April

Alexion submits marketing applications to the US Food and Drug Administration (FDA) and the European Medicines Agency (EMA) for Soliris as a treatment for patients with atypical hemolytic uremic syndrome (aHUS)

June

Researchers present nine studies related to Soliris in patients with PNH and aHUS at the 16th Congress of the European Hematology Association (EHA); data include the consequences of PNH and the positive impact of Soliris on long-term outcomes, and final results from the pivotal Phase 2 studies of Soliris in patients with aHUS

Alexion responds to the Enterohemorrhagic *Escherichia coli* (EHEC) crisis in Germany by providing free compassionate access to Soliris for several hundred patients and initiating an open-label clinical trial to investigate eculizumab as a treatment for Shiga toxin-producing *E. coli* hemolytic uremic syndrome (STEC-HUS) resulting from the EHEC outbreak

July

Provincial reimbursement decisions in Canada significantly broaden access to Soliris for Canadian patients with PNH

September

Alexion receives FDA approval for Soliris as the first and only treatment for adult and pediatric patients with aHUS in the United States; the same day, the European Committee for Medicinal Products for Human Use (CHMP) recommends that Soliris be approved for the treatment of pediatric and adult patients with aHUS in Europe

An exploratory, 14-patient Phase 2 study of eculizumab in patients with severe and refractory myasthenia gravis shows a strong disease-improvement signal

November

The European Commission grants marketing authorization for Soliris as the first and only treatment for adult and pediatric patients with aHUS in Europe

At the American Society of Nephrology (ASN) annual meeting, clinical investigators present longer-term data showing significant and sustained benefits of Soliris in patients with aHUS enrolled in Phase 2 extension studies

In a separate presentation at the ASN annual meeting, investigators report strong interim data from an open-label clinical trial to investigate eculizumab as a treatment for patients with STEC-HUS

December

Data presented at the American Society of Hematology (ASH) annual meeting underscore the severity of PNH and confirm the importance of consistently testing high-risk patients for PNH

Alexion agrees to acquire Enobia Pharma Corp. and asfotase alfa, the first potential treatment for patients with hypophosphatasia (HPP), an ultra-rare, inherited, life-threatening, metabolic disease for which there are no approved or effective treatments

Early 2012

The *New England Journal of Medicine* publishes data from a Phase 2 study of asfotase alfa in life-threatening hypophosphatasia; the study met its primary endpoint with 90% of patients showing substantial skeletal healing at 24 weeks, and achieved key secondary endpoints including improvement in cognitive development and motor and pulmonary function

"My life changed dramatically in 2002 when I went from an active and energetic event security manager who was busy planning a future to suddenly having debilitating pain, extreme fatigue, and long hospitalizations. It took two years until I was diagnosed with PNH, and then I was terrified that I would not be able to be part of a future with my wife. Today I am taking Soliris, sharing happy moments with my growing family, and living like other 35-year-old husbands and fathers."

Victor E., Patient with PNH receiving Soliris

To Our Shareholders:

In 2011, Alexion reached new levels in our mission to transform the lives of patients with severe and ultra-rare disorders. By acting with urgency and strategic focus on behalf of the patients and families we serve, we exceeded the ambitious objectives we had set for the year. Our remarkable progress in 2011 includes:

- Bringing Soliris® (eculizumab) to more patients with paroxysmal nocturnal hemoglobinuria (PNH) in our core territories of the United States, Western Europe, and Japan, as well as to patients in new countries
- Achieving regulatory approvals in the US and European Union for Soliris as the first and only treatment for patients with atypical hemolytic uremic syndrome (aHUS)
- Deepening our pipeline through three strategic acquisitions of highly innovative product candidates focused on what we know well and do well: developing and delivering innovative and transformative treatments for patients with severe and ultra-rare disorders
- Advancing our lead development programs, which now include five highly innovative biotechnology drug candidates including Soliris, in eight severe and ultra-rare disorders beyond PNH and aHUS
- Sustaining high growth while maintaining strong financial discipline

Today, we are building on this clinical and commercial expertise as we continue to expand our commitment to patients with severe and ultra-rare disorders. We entered 2012 with the widest global commercial operations and the deepest development pipeline in our Company's history. As we look ahead, we are reaching even further with a growth strategy designed to deliver first-in-class, highly innovative therapies to more patients with ultra-rare and life-threatening disorders. In 2012, we will:

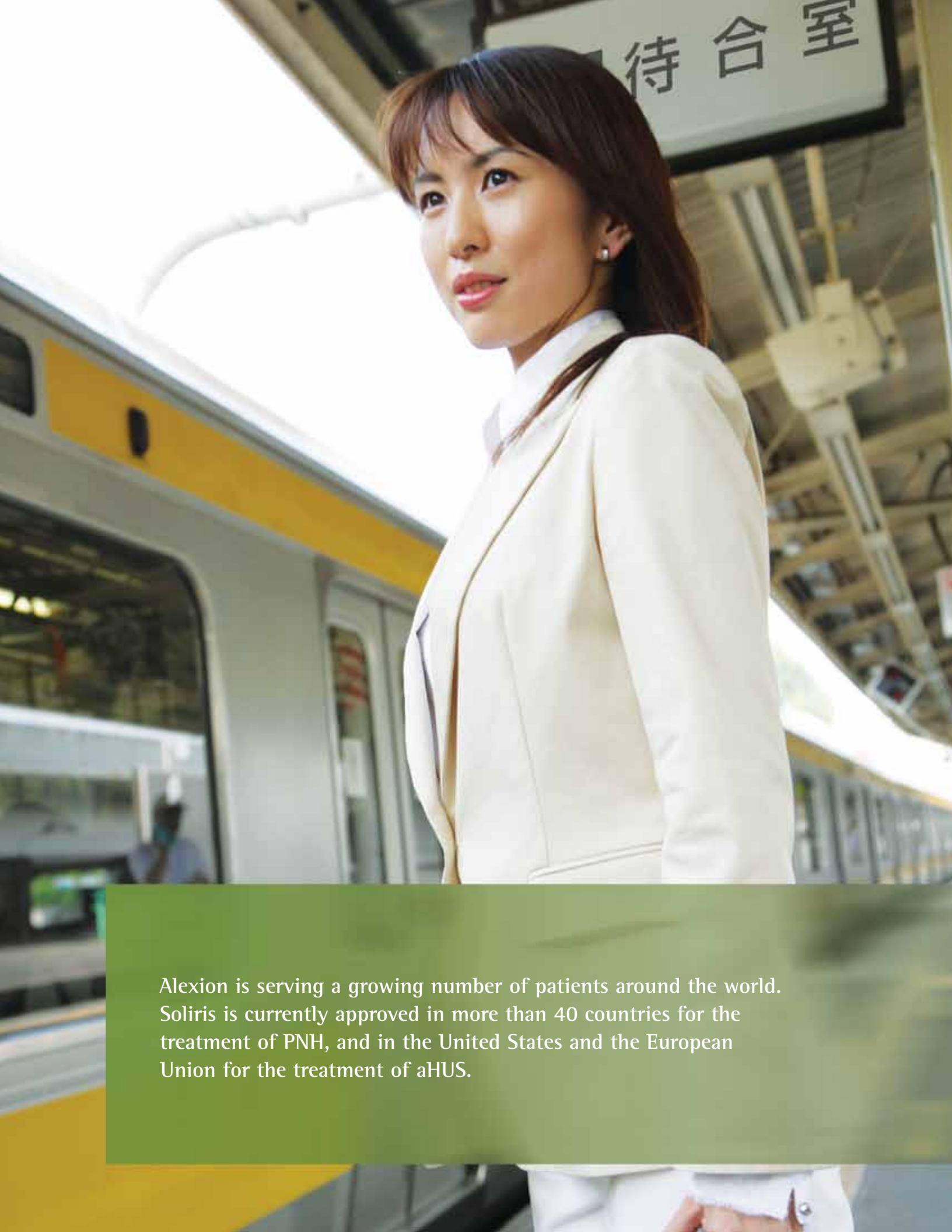
- Expand our global presence in PNH to bring the transformative benefits of Soliris to more patients in more countries
- Build on our strong medical, regulatory, and commercial capabilities worldwide to bring Soliris to a growing number of patients with aHUS in the US and EU
- Advance our eculizumab clinical programs in Shiga toxin-producing *E. coli* hemolytic uremic syndrome (STEC-HUS), acute humoral transplant rejection (AHR), severe and refractory neuromyelitis optica (NMO), and severe and refractory myasthenia gravis
- Drive development of asfotase alfa, a highly innovative enzyme replacement therapy that has the potential to become the first treatment for patients with hypophosphatasia (HPP), an ultra-rare, inherited, and life-threatening metabolic disorder
- Accelerate the development of additional novel therapies, including cPMP replacement therapy for newborns with a fatal metabolic disorder; ALXN1007, our anti-inflammatory antibody; and TT30, a novel inhibitor of the alternative complement pathway

Serving More Patients with PNH

PNH is an ultra-rare blood disorder in which chronic, uncontrolled activation of the complement system causes destruction of red blood cells (hemolysis), leading to severe clinical manifestations, including recurring blood clots, progressive kidney disease, and significantly shortened lifespans. Historically, up to 35% of patients with PNH died within five years of diagnosis.

Since receiving FDA approval for PNH in 2007, Soliris has been changing outcomes for patients and families suffering from the disease. In addition to dramatic clinical improvements in PNH manifestations, long-term retrospective data published by independent researchers in the journal *Blood* reported that the survival of studied patients with PNH who were treated with Soliris was no different than the survival of healthy, normal individuals. These data suggest that patients who once faced early mortality can now hope to live a normal life.

In 2011, we continued the trajectory of growth we have achieved since launch, bringing Soliris to more patients with PNH, primarily in our core territories of the US, Japan, and Western Europe. We also widened our approach by assembling operational leadership that will enable us to serve patients in Turkey, Brazil, and Russia, as well as other countries in the



Alexion is serving a growing number of patients around the world. Soliris is currently approved in more than 40 countries for the treatment of PNH, and in the United States and the European Union for the treatment of aHUS.

Middle East, Latin America, Asia-Pacific, and Eastern Europe. In all territories, our work on behalf of patients is focused on disease education and awareness, with an emphasis on diagnostic testing of patients with a higher likelihood of having PNH. Importantly, in our core territories, we continue to observe that a majority of new patients who have started on Soliris are also newly diagnosed with PNH, reflecting the positive impact of these initiatives.

Our disease education efforts are supported by the growing body of clinical data underscoring the severity of PNH and the significant impact of Soliris on survival. For example, data from the South Korean National Registry, presented at the American Society of Hematology's annual conference in December 2011, showed that any PNH patient with elevated LDH, a measure of hemolysis, is at risk for serious complications due to uncontrolled complement activation, reinforcing the need for early intervention. These and other independent studies are helping physicians make better-informed treatment decisions on behalf of their patients with PNH.

However, despite our substantial progress over the five years since Soliris was approved for the treatment of PNH, we know that the majority of PNH patients still do not receive appropriate care. This is why our focus remains on expanding our presence in core territories, serving more patients in additional countries, and continuing to build a common, global understanding of PNH and its diagnosis and treatment.

Bringing Life-Transforming Hope to Families Battling aHUS

In 2007, Soliris began transforming the lives of people living with PNH. In the fall of 2011, patients and families suffering from aHUS gained hope for a similar transformation.

aHUS is a chronic, ultra-rare, and life-threatening disease in which a genetic deficiency in one or more complement regulatory genes causes lifelong uncontrolled complement activation, resulting in systemic thrombotic microangiopathy (TMA), the formation of blood clots in small blood vessels throughout the body. On September 23, 2011, the FDA approved Soliris for the treatment of patients with aHUS – the first-ever approval for an aHUS treatment and the second indication for Soliris. Shortly after, on November 24, 2011, the European Commission granted approval for Soliris as the first treatment for aHUS in the EU. In both the US and EU, the aHUS labels for Soliris are broad and strong, including patients regardless of age, clinical profile, identifiable genetic mutations, or history of supportive care.

The importance of Soliris to the aHUS community is clear. Historically, more than one-half of patients with aHUS have died, required kidney dialysis, or had permanent renal damage within one year of diagnosis. For many patients, life with aHUS meant frequent hospitalizations, reliance on dialysis, progressive damage to vital organs, and the threat of stroke, seizure, heart attack, and other devastating events. Today, with ongoing Soliris treatment, patients on dialysis have the chance to become and remain dialysis-free, and patients have the hope of improving and restoring kidney function as well as returning to work, school, and their normal lives for the first time since their devastating diagnosis.

Leveraging Our Expertise for a Successful aHUS Launch

The US and EU approvals of Soliris for the treatment of patients with aHUS exemplify our mission of transforming the lives of patients with severe and ultra-rare disorders. In both regions, we are leveraging the unique expertise we gained from the global rollout of Soliris for PNH to bring Soliris therapy to an increasing number of patients with aHUS. The US aHUS launch has been under way since late 2011, and we have begun to serve initial patients across the country. In the EU, reimbursement discussions are under way in Western Europe, and we plan to launch in major European countries throughout 2012 and 2013. As with PNH, our key objectives in aHUS are to build a common global understanding of the disease among physicians and patients, facilitate broad and unrestricted access to Soliris, and ensure appropriate utilization of Soliris.

Our educational efforts are bolstered by the growing body of compelling clinical evidence supporting the use of Soliris in both adult and pediatric patients with aHUS. In November, data were presented at the American Society of Nephrology (ASN) annual meeting from the extensions of two pivotal Phase 2 studies: one in patients with a long duration of disease and substantial organ damage despite previously receiving long-term plasma exchange/infusion (PE/PI), and one in patients with a shorter duration of disease with progressing clinical TMA complications.

Research Pipeline: Lead Programs

Pipeline Key

- Hematology
- Inflammatory Disorders
- Metabolic
- Nephrology
- Neurology
- * Investigator-Initiated Trial

Both studies demonstrated that ongoing treatment with Soliris suppressed complement-mediated TMA, maintained or further improved longer-term renal function, and enhanced quality of life. Additional long-term data from these studies, presented in December at the American Society of Hematology (ASH) annual meeting, further illustrate the compelling clinical benefits of Soliris and support early and ongoing treatment.

Since the 2007 approval of Soliris for the treatment of PNH, we have had the objective that every patient with PNH who can benefit from Soliris will have access to Soliris. Now, we have expanded that objective – and our long-standing access initiatives – to include patients with aHUS. Our OneSource™ Treatment Support program helps patients with both disorders navigate the reimbursement processes in the US, the Complement Foundation provides Soliris at no cost to patients who cannot obtain insurance, and patient assistance programs are in place through third parties for patients whose insurance leaves significant gaps with regard to treatment-related expenses. Beyond the US, we are working with governments in major markets worldwide to ensure that patients with aHUS can have access to Soliris therapy. Alexion also supports the work of patient organizations in many countries that are involved in education and advocacy for rare diseases.

A Robust Pipeline Focused on Severe and Ultra-Rare Disorders

We finished 2011 with the most robust and promising pipeline in our Company's history. Today, our R&D team is investigating five highly innovative compounds, including eculizumab, in eight severe and ultra-rare diseases beyond PNH and aHUS. Our aim is not just to provide incremental benefits but rather to dramatically alter the course of severe and ultra-rare diseases that have a devastating impact on patients' lives.

Exploring the Potential of Eculizumab and Other Innovative Complement Inhibitors

As the world's first and only approved terminal complement inhibitor, Soliris represents a long-awaited medical breakthrough – not only for patients with PNH and aHUS, but also for patients with numerous other complement-mediated disorders that are also severe, ultra-rare, life-threatening, and without treatment options. Our ongoing development program for eculizumab is focused on diseases for which current supportive approaches are ineffective or nonexistent, where the mechanism of action of the disease is well understood, and for which eculizumab has the potential to have a life-transforming impact. Our lead programs in nephrology and neurology all share these characteristics.

In nephrology, scientists presented very encouraging interim data at the ASN meeting in November from our STEC-HUS clinical trial, which was initiated in response to the Enterohemorrhagic *Escherichia coli* (EHEC) crisis in Germany. The interim findings showed that eight weeks of treatment with eculizumab substantially improved serious morbidities among studied patients with STEC-HUS. Soliris-treated patients experienced rapid, significant, and sustained reduction in TMA, as well as reversal of organ damage, underscoring the critical role of uncontrolled complement activation in the TMA process. Final data are expected this year.

Also in nephrology, we have recently begun enrolling patients in our Alexion-sponsored multinational living-donor trial for the prophylaxis of acute humoral rejection (AHR) for patients undergoing kidney transplant who are at elevated risk of rejection, as measured by the presence of high levels of donor-specific antibodies. Patients in the study will be treated with eculizumab for nine weeks post-transplant and then observed for a year.

In neurology, we have two clinical development programs under way – one in severe and refractory myasthenia gravis, and another in patients with severe neuromyelitis optica (NMO). Data from our company-sponsored Phase 2 study in myasthenia gravis, presented in the fall of 2011 at the Myasthenia Gravis Foundation of America meeting, showed a strong disease-improvement signal in a group of 14 patients. In NMO, enrollment has been completed in an investigator-initiated Phase 2 clinical trial, with data expected in the second half of this year.

We are also expanding our pipeline in complement inhibitors beyond eculizumab with a Phase 1 development program for TT30, a unique inhibitor of the alternative complement pathway. Once we have data from the current Phase 1 study, we can better evaluate the therapeutic potential of TT30 for various disease targets.

"Alexion enters 2012 with the most robust and innovative pipeline in our history, with five highly innovative compounds, including Soliris, currently being investigated at various stages of development across eight severe and ultra-rare indications beyond PNH and aHUS."

Stephen P. Squinto, PhD Executive Vice President and Head of R&D

Innovation in Severe and Ultra-Rare Disorders Beyond Eculizumab and Complement

As we expand our development activities, we have sharpened our focus on what we know well and do well – using our proven skills in severe and ultra-rare disorders to develop first-in-class, highly innovative therapies. We put this strategy into action most recently with the acquisition of Enobia Pharma, a company well aligned with our values and areas of focus. The acquisition, which closed in February 2012, brings us asfotase alfa, a highly innovative, late-stage compound with the potential to transform the lives of patients with HPP, a severe, ultra-rare, and life-threatening metabolic disorder for which there are no approved or effective therapies.

Due to a genetic defect, patients with HPP are deficient in an enzyme known as tissue non-specific alkaline phosphatase. Without this enzyme, patients can face severe outcomes including progressive damage to multiple vital organs, destruction and deformity of bones, profound muscle weakness, impaired renal function, and respiratory failure. Tragically, about one-half of newborns with severe HPP do not survive past their first birthday, due to a profound bone mineralization defect and compromised respiratory function. Older children with HPP may not be able to climb a single stair or take a single step.

By targeting replacement of the missing enzyme directly to the necessary tissue, asfotase alfa is designed to normalize the defective metabolic process and prevent or reverse the severe and life-threatening complications of life-long uncontrolled mineral metabolism in patients with HPP. In Phase 2 studies, asfotase alfa demonstrated the potential to bring the first real hope to patients and families facing this devastating disorder. In a study recently published in the *New England Journal of Medicine*, treatment with asfotase alfa led to a striking improvement in skeletal abnormalities, pulmonary and physical function, and cognitive development in infants and young children with HPP. These and other findings in patients of all ages provide strong support for the potential of asfotase alfa to transform the lives of patients with HPP by correcting the enzyme deficiency that underlies the mortality and morbidities of the disease.

Asfotase alfa was awarded orphan drug designation in the US and EU in 2008 and Fast Track status in the US in 2009. In 2012, our objectives for this innovative therapy are to advance the pediatric development program, expand the adult development program, and optimize commercial-scale manufacturing. We look forward to moving with urgency to bring an approved, life-transforming treatment to patients with HPP and their families.

Additionally, we are accelerating the development of a highly innovative cPMP replacement therapy as a potential treatment for molybdenum cofactor deficiency (MoCD) Type A, a devastating, ultra-rare disorder in newborns. MoCD Type A is among the rarest and most deadly disorders that can affect a newborn, with survival typically measured only in weeks or months. There are currently no treatment options for this disease, which means children will either die or survive with devastating brain damage. Early experience with the cPMP replacement therapy has shown encouraging results, and in 2011 we made substantial progress in our manufacturing process for the treatment, allowing us to begin conducting IND-enabling studies.

Another key drug candidate in our pipeline is ALXN1007, a novel antibody designed to target rare and severe inflammatory disorders. ALXN1007 is a product of our proprietary antibody discovery technologies. We have commenced Phase 1 clinical trials in healthy volunteers.

Continued Strong Financial Performance

In 2011, our world-class research, clinical, regulatory, and commercial capabilities delivered sustained high growth and positioned us for continued success in 2012. Soliris sales for 2011 totaled $783 million, representing a 45% increase from the previous year and the 19th consecutive quarter of growth for our Company. By serving an increasing number of patients while maintaining rigorous financial discipline, we achieved non-GAAP net income of $266 million, or $1.38 per diluted share, a 59% increase from 2010.

We also finished 2011 with cash, cash equivalents, and marketable securities totaling $541 million, up from $362 million in 2010. Importantly, the Enobia acquisition was executed in early 2012 with strong financial discipline, using cash on hand and bank debt, thus adding a significant late-stage asset to our pipeline with an investment well within our strict financial parameters.

"2011 was a year of strong performance in all of our major global initiatives. In 2012 we will reach further, driving forward with the same passion and commitment we have demonstrated over the years to transform the lives of more patients and families suffering with more disorders that are severe, devastating, and ultra-rare."

Leonard Bell, MD Chief Executive Officer

Strengthening Our Human Capital

Throughout 2011, we continued to strengthen and expand our world-class capabilities in translational medicine, drug development, regulatory affairs, and commercial operations. To help guide this growth and success, we added exceptional talent to our management team. Clare Carmichael joined as Senior Vice President and Chief Human Resources Officer, with extensive experience in building cohesive organizations with integrated, high-performance teams. Claus Weisemann, PhD also joined as Senior Vice President, Corporate Quality and Compliance, with responsibility for global quality initiatives and regulatory compliance worldwide.

Alexion has more than 1,100 employees in Company facilities in more than 20 countries. Our employees are among the best and brightest in our industry. We are grateful for their sense of urgency and steadfast commitment to serving patients with severe, ultra-rare disorders.

Global Citizenship

During 2011, we demonstrated our deep commitment to patients following an unusually widespread EHEC outbreak in Germany. Physicians faced the daunting challenge of caring for a subset of patients who developed STEC-HUS, a severe complication caused by uncontrolled complement activation. Alexion responded immediately, providing eculizumab at no cost to hundreds of patients who had no other treatment option. Our medical team worked closely and urgently with German health authorities to initiate one of the largest compassionate access programs for an already-approved drug in the developed world.

In addition, thanks to the dedication of our employees, we are involved in a broad range of charitable programs in our local communities, including the renovation and restoration of homes for people in need, scholarship grants, and fundraising for organizations involved in public health initiatives. And in 2011, we again expanded our commitment to environmental sustainability and energy conservation with the installation of a micro-turbine cogeneration system at our global headquarters in Connecticut – a state-of-the-art technology that reduces greenhouse gas emissions by 50% while generating both electricity and heat for our labs and offices.

Looking Ahead in 2012

Our progress and performance during 2011 position us for even greater achievements on behalf of more patients in 2012. We are strengthening our capabilities, expanding our global reach, and advancing our deep pipeline of highly innovative, life-transforming therapies for patients with severe and ultra-rare disorders. We are grateful for those who support us in fulfilling this vital mission: our employees, our Board, our shareholders, and the patients, families, physicians and healthcare systems we serve around the world. Together we are reaching further. Together we are transforming lives.

Leonard Bell, MD
Chief Executive Officer

April 2012

From left: Stephen Squinto, PhD, *Executive Vice President and Head of Research and Development*; Leonard Bell, MD, *Chief Executive Officer*; Patrice Coissac, *Senior Vice President and President, Alexion Pharma International Sàrl*; Clare Carmichael, *Senior Vice President and Chief Human Resources Officer*; Thomas Dubin, JD, *Senior Vice President and Chief Legal Officer*; Vikas Sinha, MBA, CA, CPA, *Senior Vice President and Chief Financial Officer*; David Hallal, *Senior Vice President, Global Commercial Operations*

Selected Financial Highlights (In thousands, except per share data)

Year Ended December 31,	2011	2010	2009
Net product sales	$ 783,431	$ 540,957	$ 386,800
Cost of sales	93,140	64,437	45,059
Operating expenses:			
Research and development	137,421	98,394	81,915
Selling, general and administrative	308,176	226,766	172,767
Acquisition-related costs	13,486	722	–
Amortization of purchased intangible assets	382	–	–
Total operating expenses	**459,465**	**325,882**	**254,682**
Operating income	230,826	150,638	87,059
Other expense	1,158	1,627	3,745
Income before income taxes	229,668	149,011	83,314
Income tax provision (benefit)	54,353	51,981	(211,852)[2]
Net income	**$ 175,315**	**$ 97,030**	**$ 295,166**
Earnings per common share – diluted[1]	$ 0.91	$ 0.52	$ 1.63
Shares used in computing earnings per share – diluted[1]	191,806	186,074	181,164

As of December 31,	2011	2010	2009
Consolidated Balance Sheet Data:			
Cash, cash equivalents, and marketable securities	$ 540,865	$ 361,605	$ 176,220
Trade accounts receivable, net	244,288	168,732	113,731
Inventories	81,386	62,165	40,885
Property, plant and equipment, net	165,852	162,240	164,691
Goodwill and intangible assets, net	171,243	44,100	48,543
Deferred tax assets	123,000	174,212	211,034
Other assets	68,117	38,983	31,297
Total assets	**1,394,751**	**1,012,037**	**786,401**
Accounts payable and accrued expenses	202,093	123,056	78,445
Deferred revenue	17,905	2,896	1,652
Contingent consideration	18,120	–	–
Other liabilities	22,141	26,349	17,948
Total liabilities	**260,259**	**152,301**	**98,045**
Total stockholders' equity	**1,134,492**	**859,736**	**688,356**
Total liabilities and stockholders' equity	**1,394,751**	**1,012,037**	**786,401**

[1] On May 20, 2011, we effected a two-for-one stock split, paid in the form of a 100% stock dividend. Stockholders of record at the close of trading on May 2, 2011 were issued one additional share of common stock for each share owned by such shareholder. All share and per share data presented in the accompanying table has been retroactively restated to reflect the stock split.

[2] In 2009, we determined that it was more likely than not that a significant portion of our deferred tax assets in the United States, primarily net operating losses and research and development credits, would be realized. Accordingly, we recorded a tax benefit of $215,516 as a result of reversing the valuation allowance on these deferred tax assets.

Our Global Locations

Cheshire, CT, USA
North America Regional and
Global Headquarters

Barcelona, Spain
Country Operations

Bogotá, Colombia
Country Operations

Brussels, Belgium
Country Operations

Buenos Aires, Argentina
Country Operations

Cambridge, MA, USA
Translational Medicine Group
HPP Program Group

Istanbul, Turkey
Country Operations

Lausanne, Switzerland
EMEA Regional Headquarters
International Operations Center
Country Operations

London, United Kingdom
Country Operations

Mexico City, Mexico
LatAm Regional Headquarters
Country Operations

Milan, Italy
Country Operations

Montréal, Canada
Translational Medicine Group

Moscow, Russia
Country Operations

Mumbai, India
Global Business Services

Munich, Germany
Country Operations

Paris, France
European Service Center
Country Operations

São Paulo, Brazil
Country Operations

Shanghai, China
Commercial Operations

Smithfield, RI, USA
Global Manufacturing

Stockholm, Sweden
Nordic Country Operations

Sydney, Australia
Asia-Pacific Regional Headquarters
Country Operations

Tokyo, Japan
Country Operations

Toronto, Canada
Country Operations

Shareholder Information

Directors

Max Link, PhD[1,4]
Chairman of the Board
Former Chairman of the Board and CEO, Centerpulse AG
Former CEO, Corange
Former Chairman of the Board and CEO, Sandoz Pharma, Ltd.

Leonard Bell, MD
Chief Executive Officer

William R. Keller[2,3]
Vice Chairman of Shanghai Association of Foreign Investment Enterprises
Senior Consultant of Shanghai Foreign Investment Development Board
Former General Manager, Roche China Ltd.

Joseph A. Madri, PhD, MD[2,4]
Professor of Pathology, Yale University School of Medicine

Larry L. Mathis[1,3]
Former President and CEO, The Methodist Hospital System

R. Douglas Norby[1,3]
Former Senior Vice President, Chief Financial Officer, Tessera Technologies, Inc.

Alvin S. Parven[2,3]
President, ASP Associates
Former Vice President, Aetna Health Plans

Andreas Rummelt, PhD[1,4]
CEO, InterPharmaLink AG
Former Group Head, Quality Assurance and Technical Operations, Novartis
Former Member of Executive Committee, Novartis
Former CEO, Sandoz AG

Ann M. Veneman[2,3]
Former Executive Director of UNICEF
Former Secretary of US Department of Agriculture

Senior Management

Leonard Bell, MD
Chief Executive Officer

Stephen P. Squinto, PhD
Executive Vice President, Head of Research and Development

Clare Carmichael
Senior Vice President, Chief Human Resources Officer

Patrice Coissac
Senior Vice President, President, Alexion Pharma International Sàrl

Thomas I.H. Dubin, JD
Senior Vice President and Chief Legal Officer

David L. Hallal
Senior Vice President, Global Commercial Operations

Vikas Sinha, MBA, CA, CPA
Senior Vice President and Chief Financial Officer

Camille L. Bedrosian, MD
Senior Vice President and Chief Medical Officer

Thomas Bock, MD, MBA
Senior Vice President, Global Medical Affairs

M. Stacy Hooks, PhD
Senior Vice President, Technical Operations

Claude Nicaise, MD
Senior Vice President, Strategic Development and Global Regulatory

Claus Weisemann, PhD
Senior Vice President, Corporate Quality and Compliance

James P. Bilotta, MBA
Vice President and Chief Information Officer

Daniel N. Caron, MS
Vice President, Site Operations and Engineering

Sven Ante (Bill) Lundberg, MD
Vice President, Head of Translational Medicine

Margaret M. Olinger, MBA
Vice President, Global Hematology Franchise

Jeremy P. Springhorn, PhD
Vice President, Corporate Strategy and Business Development

Jeroen van Beek, PhD
Vice President, Global Nephrology Franchise

Heidi L. Wagner, JD
Vice President, Global Government Affairs

Annual Shareholders Meeting

To be held on May 7, 2012
5:00 p.m.
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Other Information

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Legal Counsel
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Independent Auditors
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Hartford, CT

Trading Symbol
Listing for Alexion Pharmaceuticals, Inc. is found on the NASDAQ stock market under the symbol ALXN.

alexionpharma.com

[1] Member of the Audit Committee
[2] Member of the Compensation Committee
[3] Member of the Nominating and Corporate Governance Committee
[4] Member of the Pharmaceutical Compliance and Quality Committee

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