ALEXION

Transforming Patients' Lives Through Innovation

2010 Annual Report

"Before Soliris I couldn't walk down the block without getting short of breath. Now I am at the baseball fields with my boys and chasing my little girl around the playground. I can't imagine not having the energy to keep up with my kids."

Ruthie M.
Patient with PNH receiving Soliris® since 2007

2010 Accomplishments

February

Alexion appoints Andreas Rummelt to its Board of Directors

April

Soliris® (eculizumab) receives marketing approval in Japan for patients with paroxysmal nocturnal hemoglobinuria (PNH)

Alexion completes enrollment in Phase II clinical trials of eculizumab in adult and adolescent patients with atypical hemolytic uremic syndrome (aHUS)

May

Alexion appoints Ann M. Veneman to its Board of Directors

Investigators present positive interim data on 16 patients from an investigator-initiated trial with eculizumab in patients at elevated risk for acute humoral rejection (AHR) at the American Transplant Congress

June

Japan's Ministry of Health, Labour and Welfare (MHLW) lists Soliris for reimbursement for patients with PNH in Japan

Soliris data from International and Asian patient registries, presented at the European Hematology Association (EHA) meeting, show substantial disease burden of PNH

Researchers at Innsbruck, Austria conference report early clinical experience that supports further investigation of eculizumab for the treatment of patients with diseases characterized by uncontrolled complement activation that share a common pathology of thrombotic microangiopathy (TMA), including aHUS, MPGN and CAPS

July

Alexion aligns its commercial operations into distinct Therapeutic Areas in Hematology and Nephrology

August

Alexion receives FDA approval of its Rhode Island manufacturing facility for Soliris supply, providing a second source for commercial and clinical needs

October

Alexion commences a Phase II study of eculizumab in pediatric patients with aHUS

Alexion earns the Connecticut Green Building Council Green Advocate Award and two LEED Gold Certifications for environmental sustainability

November

Two Phase II studies of eculizumab in adult and adolescent patients with aHUS – one in patients resistant or intolerant to plasma therapy and the second trial in patients receiving chronic plasma therapy – meet primary and secondary endpoints with high statistical and clinical significance; data presented for the first time at the annual American Society of Nephrology (ASN) meeting

Investigators present positive data on 24 patients from an investigator-initiated trial with eculizumab in patients at elevated risk for AHR at the ASN meeting

December

Australian government makes a landmark decision concluding that Soliris treatment substantially extends the lives of patients with PNH

Multiple presentations by physicians at the annual meeting of the American Society of Hematology (ASH) show a growing body of evidence regarding the long-term use of Soliris as a treatment for patients with PNH:

- Independent European investigators show that studied Soliris-treated patients had survival rates similar to an age- and gender-matched population of normal individuals
- A retrospective assessment of 195 PNH clinical trial patients demonstrates that three-year Soliris treatment was associated with a rapid and sustained reduction in hemolysis in all patients
- Data from the Korean PNH registry underscore that hemolysis is associated with increased mortality and thrombosis

Early 2011

Alexion submits marketing applications to the FDA and European Medicines Agency for eculizumab as a treatment for patients with aHUS

Alexion acquires Taligen Therapeutics and creates the Alexion Translational Medicine Group to accelerate development of an expanded portfolio including innovative Taligen complement inhibitors for patients with severe and ultra-rare disorders and ophthalmic disorders

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

"These ground-breaking results show that eculizumab significantly increased platelets and reduced the life-threatening blood clot process that caused severe damage to the kidney and other organs in these patients with aHUS."

Christophe Legendre, M.D.
Professor of Nephrology at Université René Descartes-Hôpital Necker, Paris
aHUS Study Investigator and Presenter of Phase II Data at ASN Meeting, November 2010

To Our Shareholders:

2010 was a year of remarkable strides in Alexion's mission to develop and deliver innovative therapies to transform the lives of patients suffering from severe, ultra-rare and life-threatening diseases. During the year, we:

- Served more patients with paroxysmal nocturnal hemoglobinuria (PNH) in existing countries – helping to increase the awareness and diagnosis of PNH and raising the understanding of the role that Soliris® (eculizumab) can play in transforming the lives of patients with PNH.
- Expanded our ability to serve patients with PNH, atypical hemolytic uremic syndrome (aHUS) and other ultra-rare and severe diseases by aligning our operations into distinct Therapeutic Areas in Hematology and Nephrology.
- Completed two Phase II clinical studies evaluating eculizumab in patients with aHUS, demonstrating that eculizumab substantially reduced thrombotic microangiopathy (TMA), stabilized or improved kidney function, and enhanced quality of life in study patients.
- Broadened our pipeline programs to include more than a dozen clinical trials with eculizumab for patients with additional severe and rare disorders.
- Ensured a reliable supply of product for the treatment of patients through the U.S. and E.U. commissioning of our Rhode Island manufacturing facility as an additional source of supply.
- Achieved another year of profitable growth to help ensure the Company's long-term ability to reach its objectives to benefit more patients with ultra-rare and life-threatening diseases.

Today, in early 2011, we are building on these accomplishments by:

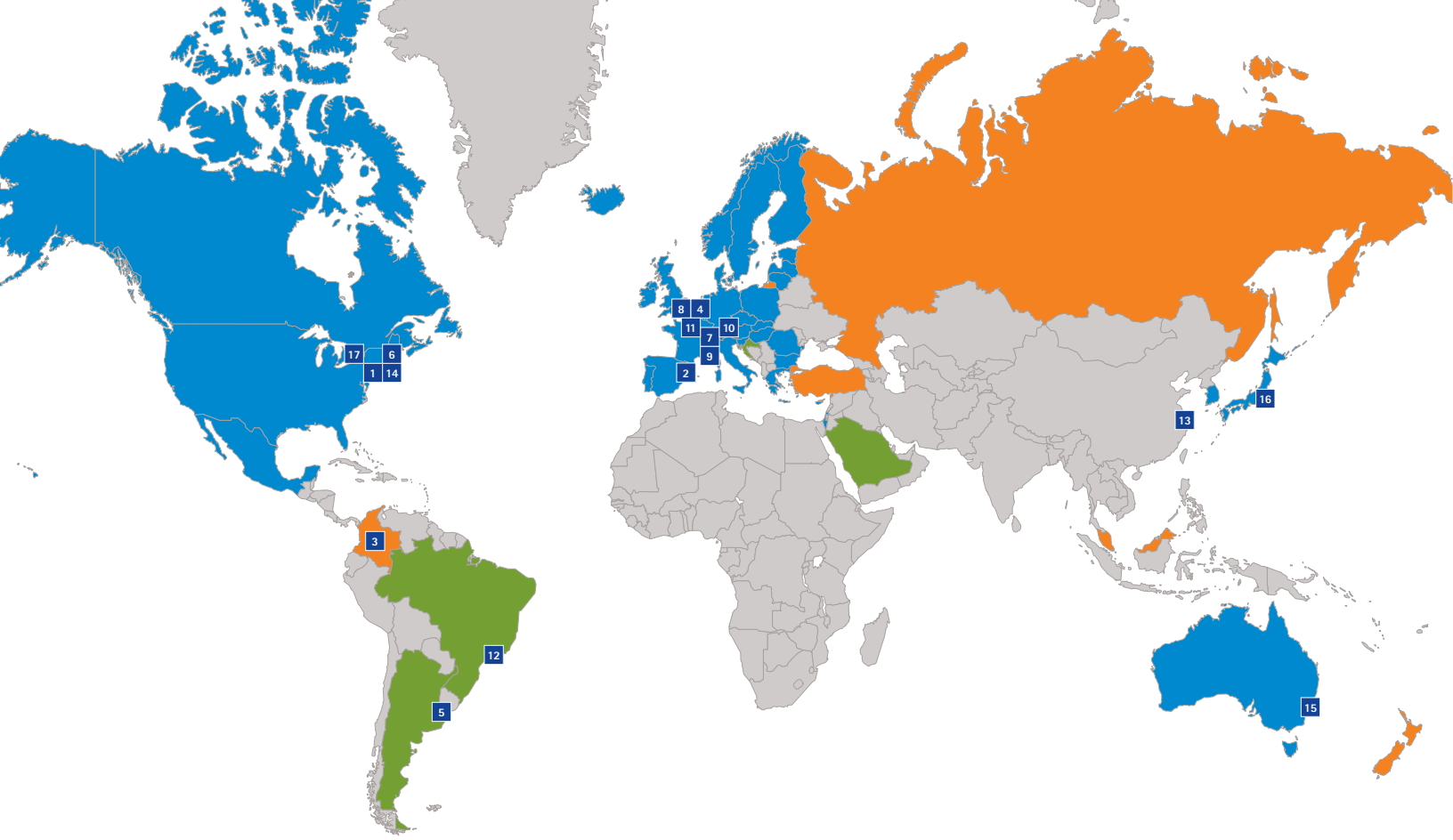
- Accelerating our aHUS development program. Based on the landmark data from our clinical studies of eculizumab, we have now submitted, earlier than expected, marketing applications for aHUS to the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA).
- Broadening our diverse pipeline programs with eculizumab and other promising compounds, including those acquired early in 2011 from Taligen Therapeutics and Orphatec Pharmaceuticals – working at all times in areas in which we have world-leading expertise, such as complement inhibition and the development of therapies for patients suffering with ultra-rare disorders.
- Expanding our capabilities to move early-stage product candidates more rapidly through clinical development with the establishment of our new Translational Medicine Group based in Cambridge, Massachusetts.
- Pursuing these initiatives with the same financial discipline that has guided us since before the launch of Soliris.

Soliris in PNH

Since 2007, Soliris, Alexion's first approved product, has truly transformed the lives of patients and families struggling with PNH, a debilitating and life-threatening ultra-rare disease characterized by hemolysis, the destruction of red blood cells. In 2010 – largely through improved education about, and awareness of, PNH – we again made strong progress in bringing Soliris to more patients in our core territories of the U.S., Western Europe and Japan. Our robust initial launch in Japan in the second half of the year was especially important as we strive to meet the needs of more patients. Today, we are further extending our reach by scaling up our efforts in new major territories, focusing on Turkey, Brazil and Russia in 2011 and 2012. These countries are home to a greater aggregate population than the United States, offering a powerful opportunity to serve even more patients with PNH. At the same time, we are continuing to reach new patients in more than a dozen other smaller nations.

Deepening the Understanding of PNH

Our operations in all countries continue to be supported by a growing body of evidence, which the medical community has been developing for several years, identifying the debilitating and life-threatening nature of PNH and the utility of Soliris in treating patients with the disease. In December 2010, landmark data on the long-term use of Soliris in patients with PNH were presented at the annual meeting of the American Society of Hematology (ASH). While historically, up to 35% of studied patients with PNH have died within five years of diagnosis, independent investigators presented a study in which PNH



Map Key: Soliris in PNH

- **Approved for Marketing**
- **Marketing Application Under Review**
- **Available Under Alternative Access Programs**

Office Locations

1. **Cheshire, CT, USA**
   North America Regional and Global Headquarters
2. **Barcelona, Spain**
   Country Operations
3. **Bogotá, Colombia**
   Country Operations
4. **Brussels, Belgium**
   Country Operations
5. **Buenos Aires, Argentina**
   Country Operations
6. **Cambridge, MA, USA**
   Translational Medicine Group
7. **Lausanne, Switzerland**
   EMEA Regional Headquarters
   International Operations Center
   Country Operations
8. **London, United Kingdom**
   Country Operations
9. **Milan, Italy**
   Country Operations
10. **Munich, Germany**
    Country Operations
11. **Paris, France**
    European Service Center
    Country Operations
12. **São Paulo, Brazil**
    Country Operations
13. **Shanghai, China**
    Commercial Operations
14. **Smithfield, RI, USA**
    Global Manufacturing
15. **Sydney, Australia**
    Asia/Pacific Regional Headquarters
    Country Operations
16. **Tokyo, Japan**
    Country Operations
17. **Toronto, Canada**
    Country Operations

patients treated with Soliris for up to eight years achieved survival comparable to an age- and gender-matched normal population. Researchers further reported findings from a multinational study of patients treated with Soliris for up to 36 months in which all patients demonstrated rapid and sustained reduction in LDH (an indicator of hemolysis), and more than half showed a marked improvement in long-term kidney function.

Separately, the Australian government concluded in December that Soliris treatment substantially extends the lives of patients with PNH – a decision that bolsters the view in other countries that patient access to Soliris is vitally important. The growing recognition of the long-term benefits of Soliris treatment for patients suffering from PNH among international experts provides a strong underpinning for governments and other payors to facilitate access to Soliris for patients around the world.

Optimizing Care Through Heightened Awareness and Diagnosis

As hematologists and oncologists gain a better understanding of the severe and progressive nature of PNH and the clinical benefits that Soliris can provide to patients, they are increasingly requesting PNH laboratory testing services for patients at higher risk for having PNH. In response to this growing demand, in 2010 the International Clinical Cytometry Society published PNH testing guidelines, a pivotal milestone for physicians and patients, who have historically endured years of missed opportunities for correct diagnoses. The Society's new guidelines have already influenced numerous labs to improve their testing methods to the new global standard.

Despite the progress on so many fronts, we know that the majority of patients with PNH worldwide – and even in our core territories – have yet to receive an accurate diagnosis or appropriate treatment. To address this critical need for patients with this progressive disease, we are accelerating the international rollout of our PNH education efforts to facilitate a greater awareness of the signs of PNH so that patients no longer suffer needlessly. We are confident that by working closely with the medical community to deepen the understanding of PNH, we're positively influencing the entire cycle of care – from accurate diagnosis to successful treatment.

Unique Expertise in Ultra-Rare Disorders

In the first half of 2011, we mark the fourth anniversaries of the initial launches of Soliris in the U.S. and the larger European countries. Our learnings during these years, combined with the global infrastructure we have established, give us greater confidence than ever in fulfilling our commitment to the objective that every patient with PNH who can benefit from Soliris will have access to Soliris. At the same time, we have developed a unique set of skills and resources – clinical, regulatory and commercial – that can be applied to the needs of patients suffering with other ultra-rare and severe disorders. These include capabilities in developing innovative novel therapies, designing clinical trials in disease areas where trials have not previously been conducted, recruiting trial patients from very small populations of patients scattered around the world, and working with authorities to provide access to a highly innovative approved therapy once it becomes available. As 2011 proceeds, we are accelerating and expanding our efforts on all these fronts, with a special emphasis on our lead development programs in nephrology.

Beyond PNH: Innovation with Eculizumab

As the world's first approved terminal complement inhibitor, eculizumab was a long-sought breakthrough innovation for patients with PNH – and the first significant hope for patients with a number of other ultra-rare, debilitating and often life-threatening complement-mediated diseases. In such disorders, the patient's healthy tissue is destroyed by complement, a component of the normal immune system – either as a result of excessive complement activation or from a deficiency of naturally occurring inhibitors of complement. For several years, we have noted the increasing level of interest of independent researchers who have sought to investigate eculizumab as a potential therapy for patients with other severe and ultra-rare conditions in hematology, nephrology, transplant and neurology, as well as for patients with debilitating disorders within ophthalmology.

"Our Cambridge-based Translational Medicine Group will accelerate the development of our expanded portfolio of innovative products that aim to transform the lives of patients with severe and untreated disorders."

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

Accelerated Development Program in aHUS

Our lead nephrology program – eculizumab as a treatment for patients with aHUS – is one example of how the dedication of independent investigators can potentially lead to positive outcomes for patients who otherwise lack any effective treatment option. aHUS is an ultra-rare, life-threatening disease in which chronic uncontrolled complement activation causes blood clots in small blood vessels throughout the body (thrombotic microangiopathy or TMA), leading to kidney failure, stroke, heart attack and death. There are no current treatment options that have been shown to be safe or effective for the treatment of patients with aHUS. Indeed, within one year of diagnosis, 60% of patients with aHUS, many of whom are children, will require dialysis, undergo a kidney transplant, or die from the disease.

In early 2009, the medical literature began to highlight the first case reports of the successful use of eculizumab to treat individual patients with aHUS. Soon after, Alexion commenced company-sponsored studies in two cohorts of adult and adolescent patients with aHUS: one group who were resistant or intolerant to plasma therapy (PT), and the other group who were receiving PT chronically. In November 2010, investigators reported highly encouraging results from these Phase II studies at the American Society of Nephrology (ASN) conference. These studies met their primary and secondary endpoints with strong statistical and clinical significance:

- Patients resistant or intolerant to PT demonstrated increased platelet counts and became TMA-free; their kidney function improved, and they were able to stop dialysis and had improved quality of life.
- Patients receiving chronic PT became free of TMA events and intervention, and experienced stabilized or improved kidney function, and had improved quality of life.

These clinically and statistically meaningful results suggested that terminal complement inhibition with Soliris has the potential to change the course of aHUS. Given the strength of the Phase II data, we have accelerated the timeline for development, operational build-out and launch of Soliris in this new indication. A separate study in pediatric patients with aHUS, as well as a further adult study, are ongoing in the United States, Europe and Canada.

Kidney Transplant: Acute Humoral Rejection

In the second lead program within our emerging nephrology franchise, eculizumab is being investigated as a treatment for patients undergoing kidney transplant who are at elevated risk for acute humoral rejection (AHR). Encouraging data presented by independent investigators in November 2010 showed that eculizumab significantly reduced AHR, post-transplant plasma therapy requirements and splenectomy in a study of 24 transplant patients compared to a historical control population. Enrollment in this study is expected to be completed in 2011. Separately, we expect to initiate two global studies in kidney transplant patients at elevated risk for AHR – one for patients undergoing living-donor transplant and the other for patients undergoing deceased-donor transplant. An additional investigator-initiated study in transplant patients at risk from blood-type (ABO) incompatibilities is ongoing.

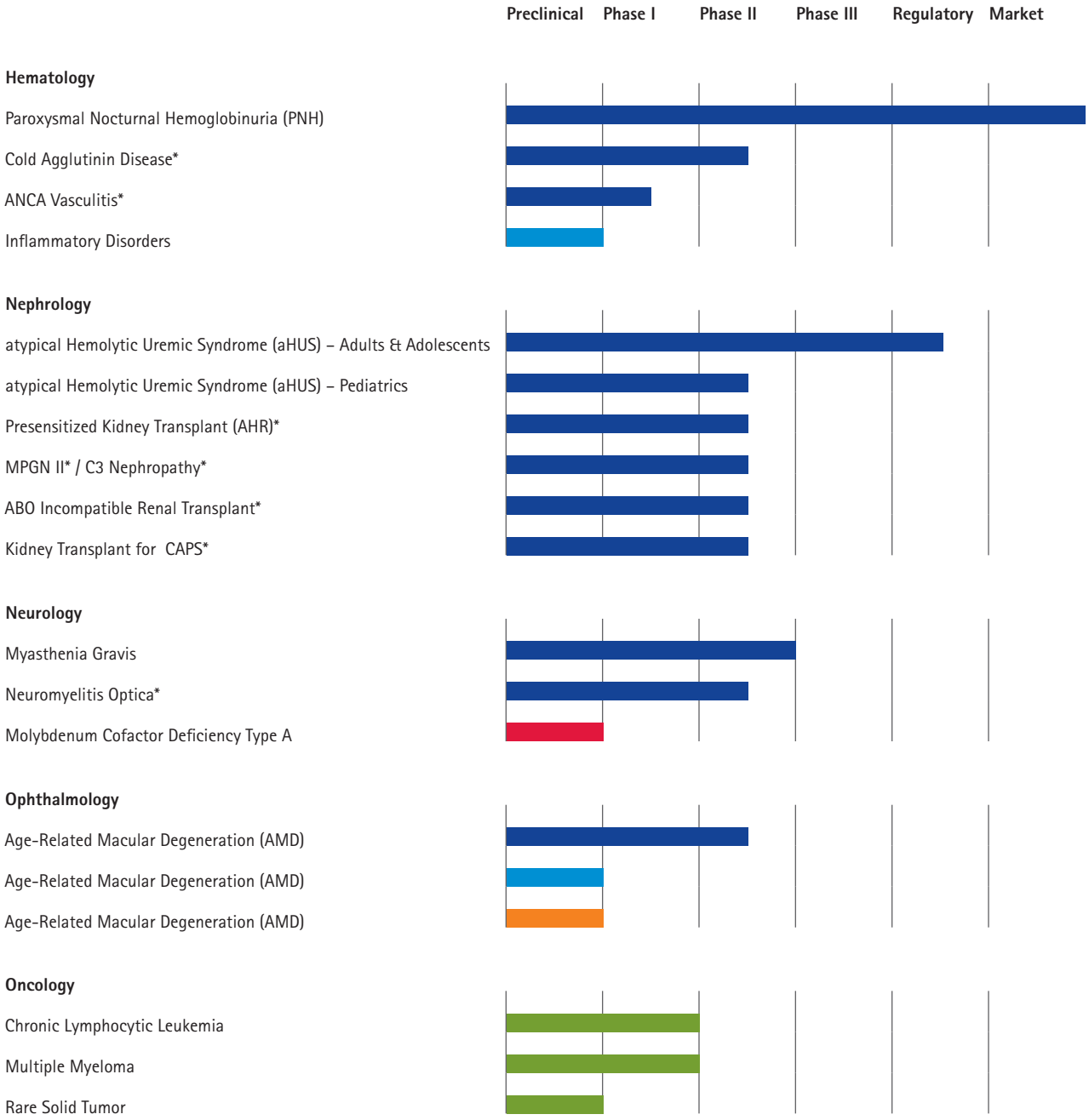
Eculizumab Programs in Additional Renal, Hematologic and Neurologic Conditions

Beyond our lead development programs in aHUS and AHR, eculizumab continues to be evaluated across a spectrum of ultra-rare and severe complement-mediated diseases. Research includes investigator-initiated and Alexion-sponsored studies in Nephrology (dense deposit disease, C3 nephropathy and transplant in catastrophic anti-phospholipid syndrome), Hematology (cold agglutinin disease) and Neurology (neuromyelitis optica and myasthenia gravis). Preliminary data from several of these studies are expected in 2011.

Beyond Eculizumab: Expanding Innovation, Accelerating Development

As we seek to transform the lives of more patients with severe disorders, we are focused on broadening our portfolio of early-stage product candidates, whether through internal research or by applying our development, clinical and regulatory skills to other highly innovative compounds.

Research Pipeline



Pipeline Key

- Soliris® (eculizumab)
- TT30
- cPMP Replacement Therapy
- TA106
- Samalizumab
- * Investigator-Initiated Trial

Novel Approaches to Ultra-Rare and Severe Disorders

In early 2011, we announced two strategic acquisitions in line with our mission to serve patients with ultra-rare and severe disorders and based on our proven competencies:

- In January, we completed the acquisition of Taligen Therapeutics, through which we have gained several highly innovative complement inhibitors with mechanisms of action distinct from Soliris and with potential uses for patients with ultra-rare, systemic disorders, as well as for other patients with severe ophthalmic conditions. Through Taligen, we have also gained new colleagues: a team of talented researchers who form the nucleus of our new Translational Medicine Group based in Cambridge, Massachusetts, enabling us to move drug candidates more rapidly through preclinical stages and into trials.
- In February 2011, we acquired Orphatec Pharmaceuticals' investigational therapy for infants suffering with molybdenum cofactor deficiency (MoCD) Type A, an ultra-rare metabolic disease affecting newborns in which a genetic deficiency of the normally occurring metabolite cPMP causes a deficiency of molybdenum cofactor, leading to uncontrollable seizures, catastrophic brain damage and death. There are currently no treatment options for patients with MoCD Type A, and survival in newborns with the disease is generally measured in weeks or months. As with most conditions this rare, the suffering of families is heightened by a paucity of research and drug development. This new investigational therapy is designed to replace the deficient cPMP, providing the first ray of hope for an effective therapy for these infants and their families.

Given the urgent medical need, our Translational Medicine Group is focused on rapidly completing work necessary for our MoCD program to move forward. Our development teams are also preparing to introduce a novel anti-inflammatory antibody, developed internally by Alexion, into clinical studies during 2011.

Ophthalmology

While our primary focus is on the development and delivery of breakthrough therapies for patients suffering with ultra-rare disorders, we are committed to employing our pioneering expertise in complement inhibition to develop highly innovative treatments for other patients when such opportunities arise, as demonstrated by our ophthalmology program. An investigator-sponsored Phase II proof-of-concept study continues to investigate intravenous eculizumab as a treatment for patients with dry age-related macular degeneration, or dry AMD, a disease that causes blurred central vision and can lead to vision loss. Importantly, with the acquisition of Taligen, our ophthalmology program has grown to include several additional early-stage drug candidates with the potential for intravitreal use in patients with AMD. By accelerating the investigation of Taligen's distinct and targeted alternative pathway complement inhibitors while completing the current eculizumab study, we are in a stronger position to optimize an approach to complement inhibition for local ophthalmic use.

Oncology

In December 2010, investigators presented interim results from the first Phase I/II trial of samalizumab, a first-in-class anti-CD200 antibody and our lead oncology compound. The study showed that in patients with B-cell lymphocytic leukemia (B-CLL) or multiple myeloma (MM), samalizumab was well tolerated, exhibited a dose-dependent response, and showed initial evidence of anti-tumor activity. We look forward to completing this study and further investigating samalizumab in patients suffering with a rare solid tumor later in 2011.

Continued Strong Financial Performance

We have served an increasing number of patients with PNH each year since launch, and our financial performance in 2010 reflects this trend. Net sales of Soliris totaled $541.0 million in 2010, representing a 40% increase from 2009. Non-GAAP net income increased 54% to $167.3 million, or $1.78 per share. As we grew our business and our pipeline initiatives, we remained committed to maintaining financial discipline and limited non-GAAP operating expense growth to 30%.

Tight financial controls also enabled us to remain strongly cash positive in 2010, finishing the year with $361.6 million in cash, cash equivalents and marketable securities, compared to $176.2 million in 2009. Subsequent to the end of 2010, we used a portion of this cash reserve to fund the acquisitions of Taligen Therapeutics and assets from Orphatec Pharmaceuticals.

"Alexion is driven by a mission to transform patients' lives. I am confident that we will bring more therapies to more people, and provide even greater value to the physicians and healthcare delivery systems who are as dedicated as we are to combating the suffering caused by devastating rare diseases."

Leonard Bell, M.D.
Chief Executive Officer

Strengthening Our Human Capital

In 2010, we added exceptional talent to the strong management team at Alexion. Thomas Bock, M.D., joined Alexion as Senior Vice President of Global Medical Affairs, leading our medical research collaborations, scientific communications and medical country operations worldwide. Sarah Boyce joined us as Vice President of the Global Nephrology Franchise, with worldwide responsibility for establishing this therapeutic area, and Henric Bjarke joined Alexion as Vice President, North America Commercial Operations.

In 2011, with the acquisition of Taligen, we welcomed Abbie Celniker, Ph.D., as head of Alexion's Translational Medicine Group. Dr. Celniker leads a cross-functional team of world-class scientists in accelerating the investigation and development of novel molecules. She brings more than 20 years' experience in building biologics-focused businesses.

Today, Alexion has approximately 800 employees in 20 locations around the world. Our growing global team comprises many of the most talented people in our industry.

Commitment to Global Citizenship

As we accelerate our efforts on behalf of patients, Alexion remains committed to being a good citizen of the communities and countries in which we operate. In 2010, we earned two Leadership in Energy and Environmental Design (LEED) certification awards for our global headquarters and research facilities in Cheshire, CT. These gold-standard LEED certifications, awarded by the U.S. Green Building Council, recognize Alexion for constructing, operating and maintaining high-performance commercial interiors. We also were honored with the 2010 Connecticut Green Building Council (CTGBC) Green Advocate Award for our efforts to promote environmental stewardship and sustainable business practices.

Alexion also supports nonprofit organizations that play an important role in disease education and access to medicines, especially for rare diseases. Through a variety of activities and donations, we support the National Organization for Rare Disorders (NORD), the European Organization for Rare Diseases (EURORDIS) and the PNH Research & Support Foundation. Our employees are involved in a number of programs that support our local communities, including HomeFront, a project to renovate and restore homes for people in need.

Moving More Rapidly in 2011

By all measures, 2010 was an outstanding year for Alexion and for the patients we serve today and expect to serve tomorrow. Our fundamental focus in 2011 is to serve more patients with PNH in our core territories while expanding to serve patients in additional important geographies – all while fulfilling the vast potential of our broader pipeline portfolio.

Alexion is driven by a mission to transform patients' lives. I am confident that we will bring more therapies to more people, and provide even greater value to the physicians and healthcare delivery systems who are as dedicated as we are to combating the suffering caused by devastating and ultra-rare diseases.

I thank our shareholders, board of directors and dedicated employees for your belief in our mission. Alexion has never been better positioned to grow through innovation and thus bring health and hope to more patients worldwide.

Leonard Bell, M.D.
Chief Executive Officer

April 2011

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

Year Ended December 31,	2010	2009	2008
Revenues:			
Net product sales	$ 540,957	$ 386,800	$ 259,004
Contract research revenue	–	–	95
Total revenues	**540,957**	**386,800**	**259,099**
Cost of sales	64,437	45,059	28,366
Operating expenses:			
Research and development	98,394	81,915	62,581
Selling, general and administrative	227,488	172,767	133,543
Total operating expenses	**325,882**	**254,682**	**196,124**
Operating income	150,638	87,059	34,609
Other income (expense)	(1,627)	(3,745)	121
Income before income taxes	149,011	83,314	34,730
Income tax provision (benefit)	51,981	(211,852)[1]	1,581
Net income	**$ 97,030**	**$ 295,166**	**$ 33,149**
Earnings per common share			
Basic	$ 1.09	$ 3.46	$ 0.43
Diluted	$ 1.04	$ 3.26	$ 0.39
Shares used in computing earnings per share			
Basic	89,271	85,326	77,680
Diluted	93,037	90,582	89,967

As of December 31,	2010	2009	2008
Consolidated Balance Sheet Data:			
Cash, cash equivalents, and marketable securities	$ 361,605	$ 176,220	$ 138,012
Trade accounts receivable, net	168,732	113,731	74,476
Inventories	62,165	40,885	49,821
Total current assets	**646,556**	**373,456**	**277,101**
Property, plant and equipment, net	162,240	164,691	139,885
Intangible assets, net	24,146	28,589	32,325
Deferred tax assets	154,569	194,308	3,397
Total assets	**1,012,037**	**786,401**	**477,551**
Accounts payable and accrued expenses	123,056	78,445	54,855
License payable	–	–	25,000
Mortgage loan	–	–	44,000
Convertible notes	3,718	9,918	97,222
Total liabilities	**152,301**	**98,045**	**230,550**
Total stockholders' equity	**859,736**	**688,356**	**247,001**
Total liabilities and stockholders' equity	**1,012,037**	**786,401**	**477,551**

[1] 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 asseets.

Shareholder Information

Directors

Max Link, Ph.D.[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, M.D.
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, Ph.D., M.D.[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, Ph.D.[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 U.S. Department of Agriculture

Senior Management

Leonard Bell, M.D.
Chief Executive Officer

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

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

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

David L. Hallal
Senior Vice President, Global Commercial Operations

Vikas Sinha, M.B.A., C.A., C.P.A.
Senior Vice President and Chief Financial Officer

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

Thomas Bock, M.D.
Senior Vice President, Global Medical Affairs

Abbie Celniker, Ph.D.
Senior Vice President, Translational Medicine Group

M. Stacy Hooks, Ph.D.
Senior Vice President, Technical Operations

Claude Nicaise, M.D.
Senior Vice President, Strategic Development and Global Regulatory

James P. Bilotta, M.B.A.
Vice President and Chief Information Officer

Sarah Boyce
Vice President, Global Nephrology Franchise

Daniel N. Caron, M.S.
Vice President, Site Operations and Engineering

Margaret M. Olinger, M.B.A.
Vice President, Global Hematology Franchise

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

Heidi L. Wagner, J.D.
Vice President, Global Government Affairs

Annual Shareholders Meeting

To be held on May 11, 2011
10:00 a.m.
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Legal Counsel
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Boston, MA

Independent Auditors
PricewaterhouseCoopers LLP
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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