## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001945

**Entity Name: MAIDEN REINSURANCE COMPANY** 

**Current Principal Place of Business:** 

6000 MIDLANTIC DRIVE SUITE 200 SOUTH MOUNT LAUREL, NJ 08054

## **Current Mailing Address:**

6000 MIDLANTIC DRIVE SUITE 200 SOUTH MOUNT LAUREL, NJ 08054

FEI Number: 43-1898350 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 07, 2014

**Secretary of State** 

CC1315287138

Officer/Director Detail:

Title PD Title TD

Name SCHMITT, KAREN L Name HAWK, PAUL WJR.

Address 6000 MIDLANTIC DRIVE, SUITE 200 Address 6000 MIDLANTIC DRIVE, SUITE 200

SOUTH SOUTH

City-State-Zip: MOUNT LAUREL NJ 08054 City-State-Zip: MOUNT LAUREL NJ 08054

Title SD Title D

Name METZ, LAWRENCE F Name BRUNETTE, CHERYL

Address 6000 MIDLANTIC DRIVE, SUITE 200 Address 6000 MIDLANTIC DRIVE, SUITE 200

SOUTH SOUTH

City-State-Zip: MOUNT LAUREL NJ 08054 City-State-Zip: MOUNT LAUREL NJ 08054

Title D Title D

Name HIGHET, THOMAS H Name HAVERON, PATRICK

Address 6000 MIDLANTIC DRIVE, SUITE 200 Address 6000 MIDLANTIC DRIVE, SUITE 200

SOUTH SOUTH

City-State-Zip: MOUNT LAUREL NJ 08054 City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR Title DIRECTOR

Name ADAMS, DAVID Name MUIR, DOROTHY

Address 6000 MIDLANTIC DRIVE Address 6000 MIDLANTIC DRIVE

SUITE 200 SOUTH SUITE 200 SOUTH

City-State-Zip: MOUNT LAUREL NJ 08054 City-State-Zip: MOUNT LAUREL NJ 08054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL BRUNETTE ASSISTANT SECRETARY 01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date