2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001945

Entity Name: MAIDEN REINSURANCE NORTH AMERICA, INC.

FILED
Jan 14, 2015
Secretary of State
CC8273532361

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

Officer/Director Detail:

Title PRESIDENT AND DIRECTOR Title TD

Name HIGHET, THOMAS H 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, ASST. SECRETARY

 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 VICE PRESIDENT AND DIRECTOR Title DIRECTOR

Name ARMSTRONG, STACY C Name MUIR, DOROTHY

Address 6000 MIDLANTIC DRIVE, SUITE 200 Address 6000 MIDLANTIC DRIVE

SOUTH SUITE 200 SOUTH

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

Title DIRECTOR Title DIRECTOR

Name ADAMS, DAVID L Name SCHMITT, KAREN L

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

Continues on page 2

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 A. BRUNETTE ASSISTANT SECRETARY 01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title ASST. TREASURER

Name CALVITTO, STEVEN A

Address 6000 MIDLANTIC DRIVE

SUITE 200 SOUTH

City-State-Zip: MOUNT LAUREL NJ 08054