

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001945

Entity Name: MAIDEN REINSURANCE NORTH AMERICA, INC.

FILED
Jan 09, 2017
Secretary of State
CC9227728813

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

Officer/Director Detail :

Title PRESIDENT AND DIRECTOR
Name HIGHER, THOMAS H
Address 6000 MIDLANTIC DRIVE, SUITE 200
 SOUTH
City-State-Zip: MOUNT LAUREL NJ 08054

Title TD
Name HAWK, PAUL WJR.
Address 6000 MIDLANTIC DRIVE, SUITE 200
 SOUTH
City-State-Zip: MOUNT LAUREL NJ 08054

Title SD
Name METZ, LAWRENCE F
Address 6000 MIDLANTIC DRIVE, SUITE 200
 SOUTH
City-State-Zip: MOUNT LAUREL NJ 08054

Title D, ASST. SECRETARY
Name BRUNETTE, CHERYL
Address 6000 MIDLANTIC DRIVE, SUITE 200
 SOUTH
City-State-Zip: MOUNT LAUREL NJ 08054

Title VICE PRESIDENT AND DIRECTOR
Name ARMSTRONG, STACY C
Address 6000 MIDLANTIC DRIVE, SUITE 200
 SOUTH
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR
Name ANTHONY, D'ANGELIS
Address 6000 MIDLANTIC DRIVE
 SUITE 200 SOUTH
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR
Name ADAMS, DAVID L
Address 6000 MIDLANTIC DRIVE
 SUITE 200 SOUTH
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR
Name SCHMITT, KAREN L
Address 6000 MIDLANTIC DRIVE
 SUITE 200 SOUTH
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 BRUNETTE

ASSISTANT SECRETARY 01/09/2017

Electronic Signature of Signing Officer/Director Detail

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