

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001945

Entity Name: MAIDEN REINSURANCE NORTH AMERICA, INC.

FILED
Apr 26, 2019
Secretary of State
0504111676CC

Current Principal Place of Business:

6000 MIDLANTIC DRIVE
3RD FL. SOUTH TOWER
MOUNT LAUREL, NJ 08054

Current Mailing Address:

6000 MIDLANTIC DRIVE
3RD FL. SOUTH TOWER
MOUNT LAUREL, NJ 08054 US

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, CHAIRMAN, CEO,
DIRECTOR
Name BROCKMAN, PAUL
Address 150 2ND AVENUE NORTH
3RD FL
City-State-Zip: ST PETERSBURG FL 33701

Title CFO, DIRECTOR
Name MIU, JENNIFER
Address 411 5TH AVENUE
5TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, SENIOR VICE PRESIDENT
Name REDPATH, ROBERT
Address 411 5TH AVENUE
5TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, SENIOR VICE PRESIDENT
Name SEELINGER, RICHARD
Address 1111 THIRD AVENUE
SUITE 1450
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR, SVP
Name SHEEHAN, MICHAEL
Address 411 5TH AVENUE
5TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, VP-TAX OFFICER
Name DIMOPULOS, LOUIS
Address HARBORSIDE 5, 185 HUDSON
STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

Title DIRECTOR, TREASURER, VP
Name REALI, TERESA
Address 475 KILVERT STREET
SUITE 330
City-State-Zip: WARWICK RI 02886

Title SECRETARY
Name BALKAN, THOMAS
Address 150 2ND AVENUE NORTH
3RD FLOOR
City-State-Zip: ST PETERSBURG FL 33701

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: THOMAS BALKAN

SECRETARY

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name CALVITTO, STEVEN A
Address 6000 MIDLANTIC DRIVE
3RD FLOOR, SOUTH TOWER
City-State-Zip: MOUNT LAUREL NJ 08054

Title ASST. SECRETARY
Name STAVENTHAGEN, NADJA
Address 411 5TH AVENUE, 5TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title ASSISTANT VICE PRESIDENT,
DIRECTOR
Name FLETCHER, SHARON
Address 475 KILVERT STREET
SUITE 330
City-State-Zip: WARWICK RI 02886

Title DIRECTOR
Name NORRINGTON, STEVE
Address 150 2ND AVENUE NORTH
3RD FLOOR
City-State-Zip: ST. PETERSBURG FL 33701