## 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F03000001945

## Entity Name: MAIDEN REINSURANCE NORTH AMERICA, INC.

## **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

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US Certificate of Status Desired: No

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 :

Onicendirec	JUI Delan.		
Title	PRESIDENT, CHAIRMAN, CEO, DIRECTOR	Title	CFO, DIRECTOR
N		Name	MIU, JENNIFER
Name Address	BROCKMAN, PAUL 150 2ND AVENUE NORTH	Address	411 5TH AVENUE 5TH FLOOR
	3RD FL	Citv-State-Zip:	
City-State-Zip:	ST PETERSBURG FL 33701	Gity-State-Zip.	
Title	DIRECTOR, SENIOR VICE PRESIDENT	Title	DIRECTOR, SENIOR VICE PRESIDENT
	,	Name	SEELINGER, RICHARD
Name Address	REDPATH, ROBERT 411 5TH AVENUE	Address	1111 THIRD AVENUE SUITE 1450
City-State-Zip:	5TH FLOOR NEW YORK NY 10016	City-State-Zip:	SEATTLE WA 98101
Title		Title	DIRECTOR, VP-TAX OFFICER
Title	DIRECTOR, SVP	Name	KOLKER, VYACHESLAV
Name	SHEEHAN, MICHAEL	Address	HARBORSIDE 5- 185 HUDSON
Address	411 5TH AVENUE 5TH FLOOR		STREET SUITE 2600
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	JERSEY CITY NJ 07311
Title	DIRECTOR, TREASURER, VP	Title	CORPORATE SECRETARY
Name	REALI, TERESA	Name	BALKAN, THOMAS J.
Address	475 KILVERT STREET SUITE 330	Address	150 2ND AVENUE NORTH 3RD FLOOR
City-State-Zip:	WARWICK RI 02886	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: NADJA STAVENHAGEN

ASSISTANT SECRETARY 04/28/2020

Electronic Signature of Signing Officer/Director Detail

# nave the same legal effect as if made under

# FILED Apr 28, 2020 Secretary of State 2007254549CC

Date

#### **Officer/Director Detail Continued :**

ASST. TREASURER
CALVITTO, STEVEN A
6000 MIDLANTIC DRIVE 3RD FLOOR, SOUTH TOWER
MOUNT LAUREL NJ 08054
ASST. SECRETARY
STAVENHAGEN, NADJA
411 5TH AVENUE, 5TH FLOOR
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
Title Name	DIRECTOR NORRINGTON, STEVE
	2
Name	NORRINGTON, STEVE 150 2ND AVENUE NORTH