

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002142

**Entity Name:** AURIGEN REINSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**425 W CAPITOL AVE SUITE 1800  
LITTLE ROCK, AR 72201**Current Mailing Address:**TWO BRIDGE AVE SUITE 111  
RED BANK, NJ 07701**FEI Number:** 63-0483783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DC  
Name SPIEGEL, WILLIAM L  
Address 2109 BROADWAY APT 16-144  
City-State-Zip: NEW YORK NY 10023

Title D  
Name CHEE, FELIX P  
Address 16 ANDERSON ST  
City-State-Zip: OAKVILLE ON CANADA L6K 1A4

Title D  
Name FRIDLYAND, ALEX A  
Address 350 CENTRALPARK WEST 9D  
City-State-Zip: NEW YORK NY 10025

Title DIRECTOR  
Name HARDY, WALTER G  
Address 3939 RAINBOW LANE  
City-State-Zip: VINELAND ON L0R 2C0

Title D  
Name BARRON, ADAM J  
Address 5 SPENCER HILL  
City-State-Zip: LONDON ENGLAND UK SW19 4PA

Title D  
Name DAMERVAL, JEAN C  
Address 48 PAR LA VILLE RD SUITE 1448  
City-State-Zip: HAMILTON BERMUDA HM 11

Title D  
Name GORDON, HERBET B  
Address 486 ALEXMUIR PL  
City-State-Zip: WATERLOO ON CANADA N2T 1S5

Title DIRECTOR  
Name JOHNSTON, BENJAMIN D  
Address 50 WEST 77TH STREET  
City-State-Zip: APT 9E NY 10024

**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 ROGERS**CFO, TREASURER,  
SECRETARY****05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PALTER, GILBERT S  
Address 37 MISTY CRESCENT  
City-State-Zip: TORONTO ON M3B 2T1

Title DIRECTOR  
Name STRUTH, PHILLIP H  
Address 47 MARSTAR STREET  
City-State-Zip: LONDON ENGLAND SW19 3DS

Title DIRECTOR, PRESIDENT, CEO  
Name PADO, MICHAEL W  
Address 175 COMMANCHE DRIVE  
City-State-Zip: OCEANPORT NJ 07757

Title DIRECTOR  
Name RYDER, ALAN K  
Address 80 DOUGLAS DRIVE  
City-State-Zip: TORONTO ON M4W 2B4

Title DIRECTOR  
Name VUKOVIC, SRDJAN  
Address 235 WEST 56TH STREET  
City-State-Zip: APT 42P NY 10019

Title CFO, TREASURER, SECRETARY  
Name ROGERS, CHERYL E  
Address 3184 HUXLEY DRIVE  
City-State-Zip: WEST LAFAYETTE IN 47906