

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805810

FILED
Apr 20, 2012
Secretary of State

Entity Name: MAX AMERICA INSURANCE COMPANY

Current Principal Place of Business:

9020 STONY POINT PARKWAY
SUITE 325
RICHMOND, VA 23235 US

New Principal Place of Business:

Current Mailing Address:

9020 STONY POINT PARKWAY
SUITE 325
RICHMOND, VA 23235 US

New Mailing Address:

FEI Number: 35-0293730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: WORMAN, DOUGLAS
Address: 55 BROADWAY
City-St-Zip: NEW YORK, NY 10006 US

Title: CFO
Name: LODERICK, STEPHEN M
Address: 9020 STONY POINT PARKWAY, STE 325
City-St-Zip: RICHMOND, VA 23235 US

Title: PRES
Name: SANDERS, BRYAN W
Address: 9020 STONY POINT PARKWAY, STE 325
City-St-Zip: RICHMOND, VA 23235 US

Title: SEC
Name: CARTER, SHEILA N
Address: 535 SPRINGFIELD AVE, SUITE 200
City-St-Zip: SUMMIT, NJ 07901 US

Title: ASEC
Name: ASIRIFI, BERNARD
Address: 4 ESSEX AVENUE, SUITE 300
City-St-Zip: BERNARDSVILLE, NJ 07924 US

Title: BOD
Name: MINTON, PETER
Address: 2 FRONT ST, MAX HOUSE
City-St-Zip: HAMILTON, HM 11 BM

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: STEPHEN M LODERICK

CFO

04/20/2012

Electronic Signature of Signing Officer or Director

Date