

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001945

FILED
Nov 30, 2010
Secretary of State

Entity Name: MAIDEN REINSURANCE COMPANY

Current Principal Place of Business:

6000 MIDLANTIC DRIVE
SUITE 200
MOUNT LAUREL, NJ 08054

New Principal Place of Business:

6000 MIDLANTIC DRIVE
SUITE 200 SOUTH
MOUNT LAUREL, NJ 08054

Current Mailing Address:

6000 MIDLANTIC DRIVE
SUITE 200
MOUNT LAUREL, NJ 08054

New Mailing Address:

6000 MIDLANTIC DRIVE
SUITE 200 SOUTH
MOUNT LAUREL, NJ 08054

FEI Number: 43-1898350

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 32399 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: PAUL HAWK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHMITT, KAREN L
Address: 6000 MIDLANTIC DRIVE, SUITE 200 SOUTH
City-St-Zip: MOUNT LAUREL, NJ 08054

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

Title: SD
Name: QUINLAN, JOHN J IV
Address: 6000 MIDLANTIC DRIVE, SUITE 200 SOUTH
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: D
Name: COOPER, NATHANIEL
Address: 6000 MIDLANTIC DRIVE, SUITE 200 SOUTH
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: D
Name: HIGHET, THOMAS H
Address: 6000 MIDLANTIC DRIVE, SUITE 200 SOUTH
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: D
Name: MARSHALECK, JOHN M
Address: 6000 MIDLANTIC DRIVE, SUITE 200 SOUTH
City-St-Zip: MOUNT LAUREL, NJ 08054

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 A BRUNETTE

ASEC

11/30/2010

Electronic Signature of Signing Officer or Director

Date