

R. WHITE



# MAIDEN REINSURANCE NORTH AMERICA, INC.

July 2, 2014

Amendment Section  
Division of Corporations  
Clifton Building  
2661 executive Center Circle  
Tallahassee, FL 32301

**Re: Maiden Reinsurance Company name change to Maiden Reinsurance North America, Inc.**  
**Document Number: F03000001945**

Dear Sir:

Please find enclosed the following documents to support Maiden Reinsurance Company's name change to Maiden Reinsurance North America Inc.:

- Cover Letter
- Foreign Corporation Amendment Form
- Filing Fee in the amount of \$35.00
- Certified copy of Maiden Reinsurance North America, Inc.'s Amendment of Articles

Should you need further information, I may be reached at (856) 359-2462 or via email at [regcomp@maidenre.com](mailto:regcomp@maidenre.com).

Sincerely

Susan Heenan  
Regulatory Compliance Analyst

Encl.

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MAIDEN REINSURANCE COMPANY  
Name of Corporation

DOCUMENT NUMBER: F03000001945

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN HIGDON  
Name of Contact Person

MAIDEN GLOBAL SERVICING COMPANY, LLC  
Firm/Company

6000 MIDLAND DRIVE, ST 200S  
Address

MOUNT LAUREL, NJ, 08054  
City/State and Zip Code

REGCOMP@MAIDENRE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN HIGDON at ( 856 ) 359-2462  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

FG3000001945

(Document number of corporation (if known))

1. MAIDEN REINSURANCE COMPANY  
(Name of corporation as it appears on the records of the Department of State)
2. MISSOURI 3. 4/17/2003  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? MAY 14, 2014

5. MAIDEN REINSURANCE NORTH AMERICA, INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

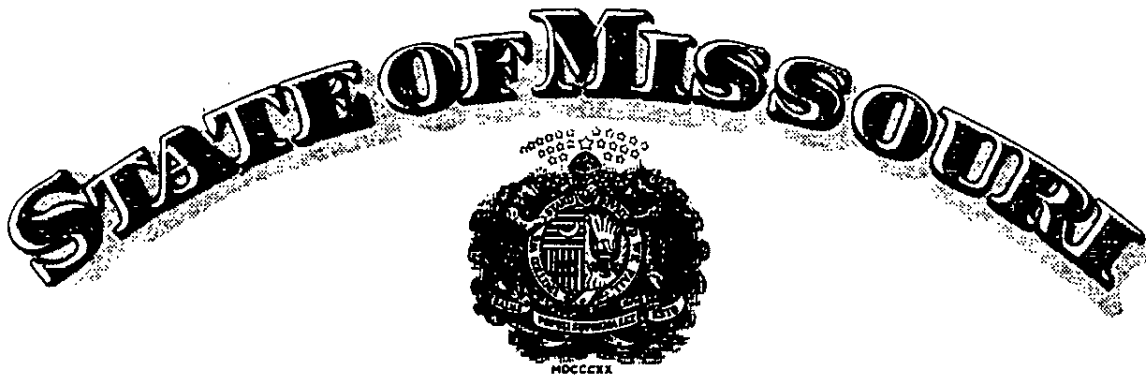
\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

LAWRENCE F. METZ  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

LAWRENCE F. METZ  
(Typed or printed name of person signing)

SECRETARY  
(Title of person signing)



**DEPARTMENT OF INSURANCE, FINANCIAL  
INSTITUTIONS AND PROFESSIONAL REGISTRATION**


P.O. Box 690, Jefferson City, Mo. 65102-0690


Certified Copy

**I, John M. Huff, Director of the Department of Insurance, Financial Institutions  
and Professional Registration, do hereby certify that the annexed page are a true  
and correct copy of the original:**

**CERTIFICATE OF AMENDMENT OF ARTICLES  
of  
MAIDEN REINSURANCE NORTH AMERICA, INC.**

**Signed and official seal affixed at my office in the City of Jefferson, this 1<sup>st</sup> day of July, 2014.**

  
John M. Huff, Director

  
By: Jodi Farris

File Number:

100487141

Date Filed: 05/14/2014

Jason Kander

Secretary of State

**CERTIFICATE OF AMENDMENT OF ARTICLES**

(to be executed in triplicate)

We, the undersigned president or vice president and secretary or assistant secretary, on our oaths swear and certify to the truth of the following statements:

(1) NAME OF THE INSURANCE COMPANY: Maiden Reinsurance North America, Inc.

IF THE NAME OF THE INSURANCE COMPANY CHANGED AS A RESULT OF THIS AMENDMENT, THE NAME OF THE INSURANCE COMPANY IMMEDIATELY BEFORE THIS AMENDMENT WAS

Maiden Reinsurance Company

(2) THE DATE OF THE ADOPTION OF THE AMENDMENT BY THE SHAREHOLDERS, MEMBERS OR OTHER GROUP OF PERSONS ENTITLED TO VOTE ON THE AMENDMENT: April 25, 2014

(3) THE AMENDMENT ADOPTED (attach additional pages if necessary):

Article I is amended to read as follows:

The name of the Corporation is Maiden Reinsurance North America, Inc., a Missouri Corporation

(4) THE NUMBER OF SHARES, MEMBERS, OR OTHER GROUP OF PERSONS ENTITLED TO VOTE, OR IF A MUTUAL, THE NUMBER OF THE MEMBERS PRESENT EITHER IN PERSON OR BY PROXY ENTITLED TO VOTE: Of the 20,000 shares outstanding, 20,000 of such shares were entitled to vote on such amendment.

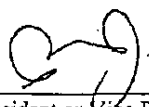
(5) THE NUMBER OF SHARES, MEMBERS OR OTHER GROUP OF PERSONS THAT VOTED FOR AND AGAINST SAID AMENDMENT RESPECTIVELY: For: 20,000 Against: 0


(6) IF THE AMENDMENT EFFECTS A CHANGE IN THE NUMBER OR PAR VALUE OF AUTHORIZED SHARES, THEN A STATEMENT SHOWING THE NUMBER OF SHARES AND PAR VALUE THEROF

PREVIOUSLY AUTHORIZED: \_\_\_\_\_



PLACE CORPORATE SEAL HERE  
(If no corporate seal, state "none".)

  
\_\_\_\_\_  
President or Vice President

  
\_\_\_\_\_  
Secretary or Assistant Secretary

State of New Jersey

County of Burlington<sup>SS</sup>

Subscribed and sworn to before me this 25 day of April, 2014

NOTARIAL SEAL

  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires

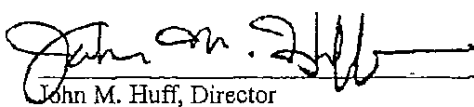
SUSAN JANE HEENAN  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 8/28/2016

**CERTIFICATE OF AMENDMENT OF THE DIRECTOR OF INSURANCE**

(This certificate may be filled out only by the Director of Insurance)

I certify that I have examined the above Certificate of Amendment of Articles as executed by the insurance company and find that it conforms to law, that the proceedings were regular, that the condition and the assets of the company justify the amendment, and that the same will not be prejudicial to the interests of the policyholders, all as provided by law.

So Certified, Signed, and Official Seal Affixed on this date: 5-7-2014

  
\_\_\_\_\_  
John M. Huff, Director

Department of Insurance, Financial Institutions  
and Professional Registration

# State of Missouri



Jason Kander  
Secretary of State

## CERTIFICATE OF AMENDMENT

WHEREAS,

*Maiden Reinsurance North America, Inc.*  
100487141

Formerly

*Maiden Reinsurance Company*

a corporation organized under The Missouri Law has delivered to me a Certificate of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto  
set my hand and cause to be affixed the  
GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this  
14th day of May, 2014.

A handwritten signature in cursive script, appearing to read "Jason Kander", is written over a horizontal line.

Secretary of State

