

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003195

FILED
Apr 07, 2011
Secretary of State

Entity Name: ALTERRA REINSURANCE USA INC.

Current Principal Place of Business:

4 ESSEX AVENUE
SUITE 300
BERNARDSVILLE, NJ 07924

New Principal Place of Business:

Current Mailing Address:

4 ESSEX AVENUE
SUITE 300
BERNARDSVILLE, NJ 07924

New Mailing Address:

FEI Number: 06-1481194

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: PD
Name: WAFER, THOMAS C
Address: 4 ESSEX AVENUE, SUITE 300
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: TD
Name: LEITZ, STEPHEN E
Address: 4 ESSEX AVENUE, SUITE 300
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: SD
Name: CARTER, SHEILA N
Address: 4 ESSEX AVENUE, SUITE 300
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: ASTT
Name: MACRI, ANTHONY
Address: 4 ESSEX AVENUE, SUITE 300
City-St-Zip: BERNARDSVILLE, NJ 07924

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

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 E. LEITZ

TD

04/07/2011

Electronic Signature of Signing Officer or Director

Date