

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805810

Entity Name: MAX AMERICA INSURANCE COMPANY

Current Principal Place of Business:

9020 STONY POINT PARKWAY
SUITE 325
RICHMOND, VA 23235

Current Mailing Address:

9020 STONY POINT PARKWAY
SUITE 325
RICHMOND, VA 23235 US

FEI Number: 35-0293730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 CEO
Name WORMAN, DOUGLAS
Address 55 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title TREASURER
Name BURKE, SHANELLE L
Address 9020 STONY POINT PARKWAY, STE 325
City-State-Zip: RICHMOND VA 23235

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

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

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

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

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: BRYAN W SANDERS

PRESIDENT

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date