

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001945

**Entity Name:** MAIDEN REINSURANCE COMPANY**Current Principal Place of Business:**6000 MIDLANTIC DRIVE  
SUITE 200 SOUTH  
MOUNT LAUREL, NJ 08054**Current Mailing Address:**6000 MIDLANTIC DRIVE  
SUITE 200 SOUTH  
MOUNT LAUREL, NJ 08054**FEI Number:** 43-1898350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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 PD  
Name SCHMITT, KAREN L  
Address 6000 MIDLANTIC DRIVE, SUITE 200  
SOUTH  
City-State-Zip: MOUNT LAUREL NJ 08054

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

Title SD  
Name METZ, LAWRENCE F  
Address 6000 MIDLANTIC DRIVE, SUITE 200  
SOUTH  
City-State-Zip: MOUNT LAUREL NJ 08054

Title D  
Name BRUNETTE, CHERYL  
Address 6000 MIDLANTIC DRIVE, SUITE 200  
SOUTH  
City-State-Zip: MOUNT LAUREL NJ 08054

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

Title D  
Name HAVERON, PATRICK  
Address 6000 MIDLANTIC DRIVE, SUITE 200  
SOUTH  
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR  
Name ADAMS, DAVID  
Address 6000 MIDLANTIC DRIVE  
SUITE 200 SOUTH  
City-State-Zip: MOUNT LAUREL NJ 08054

Title DIRECTOR  
Name MUIR, DOROTHY  
Address 6000 MIDLANTIC DRIVE  
SUITE 200 SOUTH  
City-State-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 BRUNETTE**ASSISTANT SECRETARY** 01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date