

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002142

Entity Name: AURIGEN REINSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

425 W CAPITOL AVE SUITE 1800
LITTLE ROCK, AR 72201

Current Mailing Address:

TWO BRIDGE AVE SUITE 111
RED BANK, NJ 07701

FEI Number: 63-0483783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DC
Name SPIEGEL, WILLIAM L
Address 2109 BROADWAY APT 16-144
City-State-Zip: NEW YORK NY 10023

Title D
Name DAMERVAL, JEAN C
Address 48 PAR LA VILLE RD SUITE 1448
City-State-Zip: HAMILTON BERMUDA HM 11

Title D
Name FRIDLAND, ALEX A
Address 350 CENTRAL PARK WEST 9D
City-State-Zip: NEW YORK NY 10025

Title D
Name GORDON, HERBET B
Address 486 ALEXMUIR PL
City-State-Zip: WATERLOO ON CANADA N2T 1S5

Title DIRECTOR
Name HARDY, WALTER G
Address 3939 RAINBOW LANE
City-State-Zip: VINELAND ON L0R 2C0

Title DIRECTOR
Name PALTER, GILBERT S
Address 37 MISTY CRESCENT
City-State-Zip: TORONTO ON M3B 2T1

Title DIRECTOR
Name RYDER, ALAN K
Address 80 DOUGLAS DRIVE
City-State-Zip: TORONTO ON M4W 2B4

Title DIRECTOR
Name STRUTH, PHILLIP H
Address 24 CHESIL CT.
CHELSEA MANOR STREET
City-State-Zip: LONDON UK SW35 QP

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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: MICHAEL W. PADO

PRESIDENT/CEO

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VUKOVIC, SRDJAN
Address 235 WEST 56TH STREET
City-State-Zip: APT 42P NY 10019

Title CFO, SECRETARY
Name CLIFTON, GREGG LEONARD
Address 818 CATCAY COURT
City-State-Zip: MISSISSAUGA ONTARIO L5J 4E3

Title DIRECTOR
Name MARSHALL, STEPHEN O
Address 167 DAWLISH AVENUE
City-State-Zip: TORONTO ONTARIO M4N 1H6

Title TREASURER
Name WALKER, MARSHA ETHEL
Address 19 CYPRESS POINT COURT
City-State-Zip: THORNHILL ONTARIO L3T 1V6

Title DIRECTOR, PRESIDENT, CEO
Name PADO, MICHAEL W
Address 175 COMMANCHE DRIVE
City-State-Zip: OCEANPORT NJ 07757

Title DIRECTOR
Name KRENTERAS, NICHOLAOS C
Address 2 LYNWOOD WAY
City-State-Zip: WEST ORANGE NJ 07052

Title DIRECTOR
Name VAN DOOSSELAERE, QUENTIN J
Address 920 PARK AVENUE
City-State-Zip: NEW YORK NY 10028