

SCC eFile

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211533322

1.) CORPORATION NAME:

Maiden Reinsurance Company

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1482597**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6000 MIDLANTIC DRIVE
STE 200 SOUTH

CITY/ST/ZIP: MT LAUREL, NJ 08054

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KAREN SCHMITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6000 MIDLANTIC DRIVE SUITE 200 SOUTH MOUNT LAUREL, NJ 08054		

NAME:	LAWRENCE F METZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6000 MIDLANTIC DRIVE STE 200 SOUTH MT LAUREL, NJ 08054		

NAME:	CHERYL A BRUNETTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6000 MIDLANTIC DRIVE STE 200 SOUTH MOUNT LAUREL, NJ 08054		

NAME:	PAUL HAWK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6000 MIDLANTIC DRIVE STE 200 SOUTH MT LAUREL, NJ 08054		

NAME:	STEVEN A CALVITTO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	6000 MIDLANTIC DRIVE STE 200 SOUTH MOUNT LAUREL, NJ 08054		

NAME: DAVID ADAMS TITLE: DIRECTOR ADDRESS: 6000 MID ATLANTIC DRIVE STE 200 SOUTH CITY/ST/ZIP/CO: MT LAUREL, NJ 08054	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PATRICK HAVERON TITLE: DIRECTOR ADDRESS: 6000 MIDLANTIC DRIVE SUITE 200 SOUTH CITY/ST/ZIP/CO: MOUNT LAUREL, NJ 08054	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS HIGHET TITLE: DIRECTOR ADDRESS: 6000 MIDLANTIC DRIVE SUITE 200 SOUTH CITY/ST/ZIP/CO: MOUNT LAUREL, NJ 08054	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DOROTHY MUIR TITLE: DIRECTOR ADDRESS: 6000 MIDLANTIC DRIVE STE 200 SOUTH CITY/ST/ZIP/CO: MOUNT LAUREL, NJ 08054	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CHERYL A BRUNETTE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHERYL A BRUNETTE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/29/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		