

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212523799

1.) CORPORATION NAME:

**Maiden Reinsurance Company**

DUE DATE: **8/31/2012**

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.

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

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

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

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID ADAMS DIRECTOR 6000 MID ATLANTIC DRIVE STE 200 SOUTH MT LAUREL, NJ 08054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK HAVERON DIRECTOR 6000 MIDLANTIC DRIVE SUITE 200 SOUTH MOUNT LAUREL, NJ 08054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS HIGHET DIRECTOR 6000 MIDLANTIC DRIVE SUITE 200 SOUTH MOUNT LAUREL, NJ 08054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY MUIR DIRECTOR 6000 MIDLANTIC DRIVE STE 200 SOUTH 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	6/25/2012 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.			