

1.) CORPORATION NAME:

Aurigen Reinsurance Company of America

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1703794**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O Mitchell Williams
425 Capitol Avenue, Suite 1800

CITY/ST/ZIP: Little Rock, AR 72201

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Gilbert Samuel Palter	
TITLE:	DIRECTOR	
ADDRESS:	Two Bridge Avenue Suite 111 Red Bank, NJ 07701	
CITY/ST/ZIP/CO:	Red Bank, NJ 07701	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Benjamin Donald Johnston	
TITLE:	DIRECTOR	
ADDRESS:	Two Bridge Avenue Suite 111 Red Bank, NJ 07701	
CITY/ST/ZIP/CO:	Red Bank, NJ 07701	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	William Larry Spiegel	
TITLE:	DIRECTOR	
ADDRESS:	Two Bridge Avenue Suite 111 Red Bank, NJ 07701	
CITY/ST/ZIP/CO:	Red Bank, NJ 07701	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Alex Anatol Fridlyand	
TITLE:	DIRECTOR	
ADDRESS:	Two Bridge Avenue Suite 111 Red Bank, NJ 07701	
CITY/ST/ZIP/CO:	Red Bank, NJ 07701	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Adam James Barron	
TITLE:	DIRECTOR	
ADDRESS:	Two Bridge Avenue Suite 111 Red Bank, NJ 07701	
CITY/ST/ZIP/CO:	Red Bank, NJ 07701	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Philipp Hans Struth DIRECTOR Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Felix Ping-Ching Chee DIRECTOR Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alan Kenneth Ryder DIRECTOR Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jean Claude Damerval DIRECTOR Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Srdjan Vukovic DIRECTOR Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Herbert Bruce Gordon DIRECTOR Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Walter Grant Hardy DIRECTOR Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Wendell Pado CEO & President Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cheryl Elaine Rogers CFO & Treasurer Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mary Beth Reynolds VP Corp Sec Two Bridge Avenue Suite 111 Red Bank, NJ 07701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Lou Everett Hensley TITLE: SVP NBD ADDRESS: Two Bridge Avenue Suite 111 CITY/ST/ZIP/CO: Red Bank, NJ 07701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Brent Hardman Arnold TITLE: VP Corp Actuary ADDRESS: Two Bridge Avenue Suite 111 CITY/ST/ZIP/CO: Red Bank, NJ 07701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Thomas James Hartlett TITLE: CAO ADDRESS: 612 Wheeler Farms Rd CITY/ST/ZIP/CO: Milford, CT 06461	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Vadim Daniel Marchenko TITLE: CPO ADDRESS: 612 Wheeler Farms Rd CITY/ST/ZIP/CO: Milford, CT 06461	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Maria Cristina Downey TITLE: CUO ADDRESS: 612 Wheeler Farms Rd CITY/ST/ZIP/CO: Milford, CT 06461	<input checked="" type="checkbox"/> OFFICER	<input 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 ElaineRogers SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Cheryl ElaineRogers, PRINTED NAME AND CORPORATE TITLE	5/31/2013 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.		