

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214525509

1.) CORPORATION NAME:

Aurigen Reinsurance Company of America

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1703794**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AR

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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL WENDELL PADO		
TITLE:	CEO & PRESIDENT		
ADDRESS:	TWO BRIDGE AVENUE		
	SUITE 111		
CITY/ST/ZIP/CO:	RED BANK, NJ 07701		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHERYL ELAINE ROGERS		
TITLE:	CFO/Treas/Sec		
ADDRESS:	TWO BRIDGE AVENUE		
	SUITE 111		
CITY/ST/ZIP/CO:	RED BANK, NJ 07701		

		<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
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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ADAM JAMES BARRON		
TITLE:	DIRECTOR		
ADDRESS:	TWO BRIDGE AVENUE		
	SUITE 111		
CITY/ST/ZIP/CO:	RED BANK, NJ 07701		

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:	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:	ALEX ANATOL FRIDLYAND 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:	BENJAMIN DONALD JOHNSTON 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:	GILBERT SAMUEL PALTER 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:	WILLIAM LARRY SPIEGEL 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:	PHILIPP HANS STRUTH DIRECTOR TWO BRIDGE AVENUE SUITE 111 RED BANK, NJ 07701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	SRDJAN VUKOVIC	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	TWO BRIDGE AVENUE		
CITY/ST/ZIP/CO:	SUITE 111 RED BANK, NJ 07701		

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/ MICHAEL WENDELL PADO	MICHAEL WENDELL PADO, CEO &	5/15/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.