

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003195

FILED
Apr 05, 2013
Secretary of State
CC6865300155

Entity Name: ALTERRA REINSURANCE USA INC.

Current Principal Place of Business:

535 SPRINGFIELD AVENUE
SUITE 200
SUMMIT, NJ 07901

Current Mailing Address:

535 SPRINGFIELD AVENUE
SUITE 200
SUMMIT, NJ 07901

FEI Number: 06-1481194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 CHAIRMAN, DIRECTOR
Name WAFER, THOMAS C
Address 535 SPRINGFIELD AVENUE, SUITE 200
City-State-Zip: SUMMIT NJ 07901

Title TREASURER, DIRECTOR
Name LEITZ, STEPHEN E
Address 535 SPRINGFIELD AVENUE, SUITE 200
City-State-Zip: SUMMIT NJ 07901

Title SECRETARY, DIRECTOR
Name CARTER, SHEILA N
Address 535 SPRINGFIELD AVENUE, SUITE 200
City-State-Zip: SUMMIT NJ 07901

Title ASST. TREASURER
Name MACRI, ANTHONY
Address 535 SPRINGFIELD AVENUE, SUITE 200
City-State-Zip: SUMMIT NJ 07901

Title ASST. SECRETARY
Name ASIRIFI, BERNARD
Address 535 SPRINGFIELD AVENUE, SUITE 200
City-State-Zip: SUMMIT NJ 07901

Title PRESIDENT, DIRECTOR
Name KALAINOFF, DAVID J
Address 535 SPRINGFIELD AVENUE, SUITE 200
City-State-Zip: SUMMIT NJ 07901

Title ASST. SECRETARY
Name CRUSEY, MATTHEW
Address 535 SPRINGFIELD AVENUE SUITE 200
City-State-Zip: SUMMIT NJ 07901

Title OTHER
Name DEGROAT, BETH
Address 535 SPRINGFIELD AVENUE SUITE 200
City-State-Zip: SUMMIT NJ 07901

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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: STEPHEN E LEITZ

TREASURER

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MULLAN, ADAM
Address 535 SPRINGFIELD AVENUE
 SUITE 200
City-State-Zip: SUMMIT NJ 07901