

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003195

**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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** GWEN ANDREWS

03/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name ALBANESE, GERALD JR.  
Address 535 SPRINGFIELD AVENUE, SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title TREASURER  
Name DUFF, APRIL LYNN  
Address 535 SPRINGFIELD AVENUE, SUITE 200  
City-State-Zip: SUMMIT NJ 07901

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

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

Title SR. VP, DIRECTOR  
Name WHITT, RICHARD R III  
Address 535 SPRINGFIELD AVENUE, SUITE 200  
City-State-Zip: SUMMIT NJ 07901

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

Title CFO, VP  
Name WALESKI, ANNE G  
Address 535 SPRINGFIELD AVENUE SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title VP  
Name CROUCH, NORA N  
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:** SHEILA NUGENT CARTER

ASSISTANT SECRETARY 03/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CROWLEY, FRANCIS M  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title DIRECTOR  
Name KISCADEN, BRADLEY J  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title CHIEF ACCOUNTING OFFICER, COMPTROLLER  
Name WHITT, ROBERT G III  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title DIRECTOR  
Name GLISSON, BRITTON L  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title VP, ASST. SECRETARY  
Name JONES, DEWEY M  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title SECRETARY  
Name GRINNA, RICHARD R  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901