

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Maiden Reinsurance Ltd</u> <hr/> (Last) (First) (Middle) 159 BANK STREET 4TH FLOOR <hr/> (Street) BURLINGTON VT 05401 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/27/2022	3. Issuer Name and Ticker or Trading Symbol <u>Maiden Holdings, Ltd. [MHLD]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	41,439,348 ⁽¹⁾	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Maiden Reinsurance Ltd

 (Last) (First) (Middle)
 159 BANK STREET
 4TH FLOOR

 (Street)
 BURLINGTON VT 05401

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
MAIDEN HOLDINGS NORTH AMERICA, LTD.

 (Last) (First) (Middle)
 228 PARK AVE. S
 SUITE 25931

 (Street)
 NEW YORK NY 10003-1502

 (City) (State) (Zip)

1. Name and Address of Reporting Person *

Maiden Holdings, Ltd.

(Last) (First) (Middle)

94 PITTS BAY ROAD

(Street)

PEMBROKE D0 HM 08

(City)

(State)

(Zip)

Explanation of Responses:

1. These securities are held directly by Maiden Reinsurance Ltd. ("MRL"), which is a wholly-owned subsidiary of Maiden Holdings North America, Ltd. ("MHNA"), which is a wholly-owned subsidiary of Maiden Holdings, Ltd. (the "Issuer" and, together with MRL and MHNA, the "Reporting Persons"). Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934, as amended ("the Act"), except to the extent of its pecuniary interest therein, and the filing of this report shall not be deemed an admission that any of the Reporting Persons is the beneficial owner of the securities for purposes of Section 16 of the Act or for any other purpose.

Remarks:

Maiden Reinsurance Ltd., By: Maiden Holdings North America, Ltd., By: Maiden Holdings, Ltd., /s/ Lawrence F. Metz, President and Co-Chief Executive Officer Maiden Holdings North America Ltd., By: Maiden Holdings, Ltd., /s/ Lawrence F. Metz, President and Co-Chief Executive Officer Maiden Holdings, Ltd., /s/ Lawrence F. Metz, President and Co-Chief Executive Officer

Lawrence Metz

01/06/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.