

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847601

Entity Name: DARWIN NATIONAL ASSURANCE COMPANY**Current Principal Place of Business:**1690 NEW BRITIAN AVENUE
SUITE 101
FARMINGTON, CT 06032**Current Mailing Address:**1690 NEW BRITIAN AVENUE
SUITE 101
FARMINGTON, CT 06032 US**FEI Number:** 56-0997452**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	PCOB
Name	KNIGHT, W. GORDON
Address	1690 NEW BRITIAN AVENUE, SUITE 101
City-State-Zip:	FARMINGTON CT 06032

Title	D
Name	JODOIN, RICHARD E
Address	1690 NEW BRITIAN AVENUE, SUITE 101
City-State-Zip:	FARMINGTON CT 06032

Title	S
Name	CURRY, TIMOTHY J
Address	1690 NEW BRITIAN AVENUE, SUITE 101
City-State-Zip:	FARMINGTON CT 06032

Title	T
Name	ROBERT, LARSON
Address	1690 NEW BRITIAN AVENUE, SUITE 101
City-State-Zip:	FARMINGTON CT 06032

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: TIMOTHY CURRY**SECRETARY****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date