

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03484

Entity Name: STONEWOOD NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**6131 FALLS OF NEUSE RD.
SUITE 306
RALEIGH, NC 27609**Current Mailing Address:**PO BOX 97488
RALEIGH, NC 27624 US**FEI Number:** 42-1019055**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
P.O.BOX 6200 (32314-6200)
TALLAHASSEE, FL 32399 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	CEO, PRESIDENT
Name	HARTMAN, STEVEN
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	CFO, SECRETARY
Name	FAUERBACH, THOMAS
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	TREASURER
Name	CROW, MIKE
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	CHAIRMAN
Name	DAVIS, GREGG
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

Title	D
Name	RAIA, JOSEPH
Address	6131 FALLS OF NEUSE RD. SUITE 306
City-State-Zip:	RALEIGH NC 27609

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: THOMAS FAUERBACH**CFO, CHIEF ACTUARY,
SECRETARY****05/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date