

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90395 037 ***150.00

DOCUMENT # 813472 1. Entity Name R.V.I. NATIONAL INSURANCE COMPANY					
Principal Place of Business 177 BROAD ST, 9TH FLOOR STAMFORD, CT 06901 US			Mailing Address 177 BROAD ST, 9TH FLOOR STAMFORD, CT 06901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-2490086	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 200 E. GAINES ST PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MAY, DOUGLAS H 177 BROAD ST, 9TH FLR STAMFORD, CT 06901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D Douglas H. May 177 Broad St., 9th Fl. Stamford, Ct, 06901 Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT SWAN, JOSEPH 177 BROAD ST, 9TH FL STAMFORD, CT 06901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T Joseph W. Swain 177 Broad St., 9th Fl. Stamford, Ct, 06901 Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CROWELL, ROBERT 177 BROAD ST, 9TH FLR STAMFORD, CT 06901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/EVP/D Robert Crowell 177 Broad St., 9th Fl. Stamford, Ct, 06901 Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHICKERING, HOWARD 177 BROAD ST, 9TH FLR STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/SV/GC Michael McGroarty 177 Broad St., 9th Fl. Stamford, CT 06901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLANTON, KETHERINE 177 BROAD ST, 9TH FLR STAMFORD, CT 06901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/CNTR Katherine Bellantoni 177 Broad St., 9th Fl. Stamford, Ct, 06901 Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS/SC Darrel M. Seife 177 Broad St., 9th Fl. Stamford, Ct, 06901 Fl. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Darrel Seife, VP/Senior Counselor		
Date			Daytime Phone #		

ATTACHMENT

R.V.I. National Insurance Company
NAIC NO. 23132
Document # 813472

40087838

2007 For Profit Corporation Annual Report

Additional Officers:

Full Legal Name: David M. Barbour
Title(s): Assistant Vice President/Assistant Secretary/Counsel
Street Addr: 177 Broad St., 9th Fl.
Stamford, CT 06901

Full Legal Name: Michael D. Beranek
Title(s): Vice President
Street Addr: 110 Wall St., 21st Fl.
New York, NY 10005

Full Legal Name: Joseph Prystupa
Title(s): Vice President
Street Addr: 110 Wall St., 21st Fl.
New York, NY 10005

Full Legal Name: William C. Jennings
Title(s): Senior Vice President
Street Addr: 110 Wall St., 21st Fl.
New York, NY 10005

Full Legal Name: Susan Hooker
Title(s): Chief Risk Officer Financial Guaranty
Street Addr: 177 Broad St., 9th Fl.
Stamford, CT 06901