

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813472

FILED
Apr 20, 2009
Secretary of State

Entity Name: R.V.I. NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

177 BROAD ST, 9TH FLOOR
STAMFORD, CT 06901 US

New Principal Place of Business:

Current Mailing Address:

177 BROAD ST, 9TH FLOOR
STAMFORD, CT 06901 US

New Mailing Address:

FEI Number: 36-2490086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
200 E. GAINES ST
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MAY, DOUGLAS H
Address: 177 BROAD ST, 9TH FLR
City-St-Zip: STAMFORD, CT 06901

Title: CFOT () Delete
Name: KLANICA, DAVID A
Address: 177 BROAD ST, 9TH FL
City-St-Zip: STAMFORD, CT 06901

Title: COOD () Delete
Name: CROWELL, ROBERT
Address: 177 BROAD ST, 9TH FLR
City-St-Zip: STAMFORD, CT 06901

Title: SVS () Delete
Name: MCGROARTY, MICHAEL P
Address: 177 BROAD ST, 9TH FLR
City-St-Zip: STAMFORD, CT 06901

Title: SVCT () Delete
Name: BELLANTONI, KATHERINE
Address: 177 BROAD ST, 9TH FLR
City-St-Zip: STAMFORD, CT 06901

Title: VAS () Delete
Name: SEIFE, DARREL M
Address: 177 BROAD ST 9TH FL
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WALCOTT, JOHN R
Address: 177 BROAD ST, 9TH FLR
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ABDALAH, RENE M
Address: 177 BROAD ST, 9TH FLR
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL P. MCGROARTY

SVS

04/20/2009

Electronic Signature of Signing Officer or Director

Date