

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813472

FILED
Apr 26, 2012
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
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MICHAEL P. MCGROARTY

SVS

04/26/2012

Electronic Signature of Signing Officer or Director

Date