

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847601

FILED
Apr 29, 2010
Secretary of State

Entity Name: DARWIN NATIONAL ASSURANCE COMPANY

Current Principal Place of Business:

9 FARM SPRINGS RD
FARMINGTON, CT 06032 US

New Principal Place of Business:

Current Mailing Address:

9 FARM SPRINGS RD
FARMINGTON, CT 06032 US

New Mailing Address:

9 FARM SPRINGS ROAD
FARMINGTON, CT 06032 US

FEI Number: 56-0997452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PCOB
Name: KNIGHT, W. GORDON
Address: 9 FARM SPRINGS RD
City-St-Zip: FARMINGTON, CT 06032

Title: D
Name: SENNOTT, JOHN L JR
Address: 9 FARM SPRINGS RD
City-St-Zip: FARMINGTON, CT 06032

Title: S
Name: CURRY, TIMOTHY J
Address: 9 FARM SPRINGS RD
City-St-Zip: FARMINGTON, CT 06032

Title: D
Name: JODOIN, RICHARD E
Address: 9 FARM SPRINGS RD
City-St-Zip: FARMINGTON, CT 06032 US

Title: T
Name: ROBERT, LARSON
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032 US

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

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04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date