

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001842

FILED
Mar 20, 2009
Secretary of State

Entity Name: MONTPELIER U.S. INSURANCE COMPANY

Current Principal Place of Business:

3333 LEE PARKWAY
SUITE 1200
DALLAS, TX 75219

New Principal Place of Business:

6263 N. SCOTTSDALE ROAD
SUITE 300
SCOTTSDALE, AZ 85250

Current Mailing Address:

3333 LEE PARKWAY
SUITE 1200
DALLAS, TX 75219

New Mailing Address:

ONE CONSTITUTION PLAZA
5TH FLOOR
HARTFORD, CT 06103

FEI Number: 75-1629914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE A
WESTON, FL 33331 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: DPRE () Delete
Name: NENABER, RICHARD R
Address: 6263 N. SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 85250

Title: TREA () Delete
Name: WILSON, SCOTT A
Address: 6263 N. SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 85250

Title: SECY () Delete
Name: KIM, JONATHAN B
Address: 94 PITT'S BAY ROAD
City-St-Zip: PEMBROKE, HAMILTON, BM HM08

Title: CEO () Delete
Name: KOTT, STANLEY J
Address: ONE CONSTITUTION PLAZA, 5TH FL
City-St-Zip: HARTFORD, CT 06103

Title: AS () Delete
Name: HEAGNEY, ROBERT W
Address: ONE CONSTITUTION PLAZA, 5TH FL
City-St-Zip: HARTFORD, CT 06103

Title: AS (X) Delete
Name: KIENE, ALLISON D
Address: ONE CONSTITUTION PLAZA, 5TH FL
City-St-Zip: HARTFORD, CT 06103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECY (X) Change () Addition
Name: HEAGNEY, ROBERT W
Address: ONE CONSTITUTION PLAZA, 5TH FLOOR
City-St-Zip: HARTFORD, CT 06103

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

Title: AS (X) Change () Addition
Name: KIENE, ALLISON D
Address: ONE CONSTITUTION PLAZA, 5TH FL
City-St-Zip: HARTFORD, CT 06103

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: ROBERT W. HEAGNEY

SECY

03/20/2009

Electronic Signature of Signing Officer or Director

Date