

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001842

FILED
Feb 16, 2010
Secretary of State

Entity Name: MONTPELIER U.S. INSURANCE COMPANY

Current Principal Place of Business:

6263 N. SCOTTSDALE ROAD
SUITE 300
SCOTTSDALE, AZ 85250

New Principal Place of Business:

Current Mailing Address:

ONE CONSTITUTION PLAZA
5TH FLOOR
HARTFORD, CT 06103

New Mailing Address:

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
Name: NENABER, RICHARD R
Address: 6263 N. SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 85250

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

Title: SECY
Name: KIENE, ALLISON D
Address: ONE CONSTITUTION PLAZA, 5TH FLOOR
City-St-Zip: HARTFORD, CT 06103

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

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: ALLISON D. KIENE

SECY

02/16/2010

Electronic Signature of Signing Officer or Director

Date