

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001520

FILED  
Feb 25, 2010  
Secretary of State

Entity Name: MONTPELIER UNDERWRITING, INC.

**Current Principal Place of Business:**

ONE CONSTITUTION PLAZA  
5TH FLOOR  
HARTFORD, CT 06103

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CONSTITUTION PLAZA  
5TH FLOOR  
HARTFORD, CT 06103

**New Mailing Address:**

FEI Number: 20-8862477      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 DR., SUITE 4  
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: D  
Name: TAYLOR, ANTHONY  
Address: MONTPELIER HOUSE, 94 PITTS BAY ROAD  
City-St-Zip: PEMBROKE HM 08 BERMUDA,

Title: S  
Name: KIM, JONATHAN B  
Address: MONTPELIER HOUSE, 94 PITTS BAY ROAD  
City-St-Zip: PEMBROKE HM 08 BERMUDA,

Title: D  
Name: HARRIS, CHRISTOPHER L  
Address: MONTPELIER HOUSE, 94 PITTS BAY ROAD  
City-St-Zip: PEMBROKE HM 08 BERMUDA,

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

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

Title: T  
Name: WILSON, SCOTT A  
Address: 6263 N. SCOTTSDALE ROAD #300  
City-St-Zip: SCOTTSDALE, AZ 85250

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 KIENE

AS

02/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date