

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 044 ***158.75

DOCUMENT # P26922

1. Entity Name
**NATIONAL GUARANTY INSURANCE COMPANY OF
VERMONT**



Principal Place of Business
**100 BANK STREET SUITE 610
BURLINGTON, VT 05401**

Mailing Address
**P O BOX 530
BURLINGTON, VT 05401**

40084704



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-P CR2E034 (11/05)

4. FEI Number
36-3643755

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PERRY, JAMES W
STREET ADDRESS 1001 FANNIN STE 4000
CITY-ST-ZIP HOUSTON, TX 77002

TITLE ☒ Change ☐ Addition
NAME Perry, James H.
STREET ADDRESS
CITY-ST-ZIP

TITLE DCT ☐ Delete
NAME RICE, CHERIE C
STREET ADDRESS 1001 FANNIN SUITE 4000
CITY-ST-ZIP HOUSTON, TX 77002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WATERFALL, MARCY
STREET ADDRESS 100 BANK STREET SUITE 610
CITY-ST-ZIP BURLINGTON, VT 05401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME MEALS, DONNA L
STREET ADDRESS 1001 FANNIN SUITE 4000
CITY-ST-ZIP HOUSTON, TX 77002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CARPENTER, DON F
STREET ADDRESS 1001 FANNIN SUITE 4000
CITY-ST-ZIP HOUSTON, TX 77002

TITLE ☒ Change ☐ Addition
NAME Carpenter, Don P.
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SONNIER, GERARD J
STREET ADDRESS 1001 FANNIN SUITE 4000
CITY-ST-ZIP HOUSTON, TX 77002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna L Meals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #