

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04172007 No 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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PERRY, JAMES H 1001 FANNIN STE 4000 HOUSTON, TX 77002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DCT RICE, CHERIE C 1001 FANNIN SUITE 4000 HOUSTON, TX 77002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WATERFALL, MARCY 100 BANK STREET SUITE 610 BURLINGTON, VT 05401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS MEALS, DONNA L 1001 FANNIN SUITE 4000 HOUSTON, TX 77002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CARPENTER, DON P 1001 FANNIN SUITE 4000 HOUSTON, TX 77002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SONNIER, GERARD J 1001 FANNIN SUITE 4000 HOUSTON, TX 77002

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05/16/07-80074-006 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #