

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26922

FILED
Apr 30, 2010
Secretary of State

Entity Name: NATIONAL GUARANTY INSURANCE COMPANY OF VERMONT

Current Principal Place of Business:

100 BANK STREET SUITE 610
BURLINGTON, VT 05401

New Principal Place of Business:

Current Mailing Address:

P O BOX 530
BURLINGTON, VT 05401

New Mailing Address:

FEI Number: 36-3643755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PD
Name: PERRY, JAMES H
Address: 1001 FANNIN STE 4000
City-St-Zip: HOUSTON, TX 77002

Title: DCT
Name: RICE, CHERIE C
Address: 1001 FANNIN SUITE 4000
City-St-Zip: HOUSTON, TX 77002

Title: D
Name: WATERFALL, MARCY
Address: 100 BANK STREET SUITE 610
City-St-Zip: BURLINGTON, VT 05401

Title: VS
Name: MEALS, DONNA L
Address: 1001 FANNIN SUITE 4000
City-St-Zip: HOUSTON, TX 77002

Title: V
Name: CARPENTER, DON P
Address: 1001 FANNIN SUITE 4000
City-St-Zip: HOUSTON, TX 77002

Title: V
Name: SONNIER, GERARD J
Address: 1001 FANNIN SUITE 4000
City-St-Zip: HOUSTON, TX 77002

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: MARCY WATERFALL

D

04/30/2010

Electronic Signature of Signing Officer or Director

Date