

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813472

Entity Name: R.V.I. AMERICA INSURANCE COMPANY**Current Principal Place of Business:**201 BROAD ST, 6TH FLOOR
STAMFORD, CT 06901**Current Mailing Address:**201 BROAD ST, 6TH FLOOR
STAMFORD, CT 06901 US**FEI Number:** 36-2490086**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT, CEO	Title	EVP, CFO, TREASURER
Name	MAY, DOUGLAS H	Name	KLANICA, DAVID A
Address	201 BROAD ST, 6TH FL	Address	201 BROAD ST, 6TH FL
City-State-Zip:	STAMFORD CT 06901	City-State-Zip:	STAMFORD CT 06901
Title	EVP, GENERAL COUSEL, SECRETARY	Title	SVP
Name	MCGROARTY, MICHAEL P	Name	ABDALAH, RENE M
Address	201 BROAD ST, 6TH FL	Address	201 BROAD ST, 6TH FL
City-State-Zip:	STAMFORD CT 06901	City-State-Zip:	STAMFORD CT 06901
Title	VP, SENIOR COUNSEL, ASST. SECRETARY		
Name	SEIFE, DARREL M		
Address	201 BROAD ST, 6TH FL		
City-State-Zip:	STAMFORD CT 06901		

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: DARREL M. SEIFEVP, SENIOR COUNSEL,
ASST. SECRETARY

04/26/2017

Electronic Signature of Signing Officer/Director Detail_____
Date