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. 02/11/2015 SECRETARY

SIGNATURE: TIMOTHY CURRY

Electronic Signature of Signing Officer/Director Detail

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847601

Entity Name: DARWIN NATIONAL ASSURANCE COMPANY

Current Principal Place of Business:

1690 NEW BRITIAN AVENUE SUITE 101 FARMINGTON, CT 06032

Current Mailing Address:

1690 NEW BRITIAN AVENUE SUITE 101 FARMINGTON, CT 06032 US

FEI Number: 56-0997452

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST **ROOM 101A** TALLAHASSEE, FL 32399-0000 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	: ROBERT LARSON		02/11/2015
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PCOB	Title	S
Name	IGLESIAS, LOUIS	Name	CURRY, TIMOTHY J
Address	1690 NEW BRITIAN AVENUE, SUITE 101	Address	1690 NEW BRITIAN AVENUE, SUITE 101
City-State-Zip:	FARMINGTON CT 06032	City-State-Zip:	FARMINGTON CT 06032
Title	D	Title	т
Name	JODOIN, RICHARD E	Name	ROBERT, LARSON
Address	1690 NEW BRITIAN AVENUE, SUITE 101	Address	1690 NEW BRITIAN AVENUE, SUITE 101
City-State-Zip:	FARMINGTON CT 06032	City-State-Zip:	FARMINGTON CT 06032

Certificate of Status Desired: No

FILED Feb 11, 2015 **Secretary of State** CC6618852839

Date