

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 02, 2011
Secretary of State

Entity Name: MONTPELIER U.S. INSURANCE COMPANY

Current Principal Place of Business:

6263 N. SCOTTSDALE ROAD
SUITE 300
SCOTTSDALE, AZ 85250

New Principal Place of Business:

Current Mailing Address:

ONE CONSTITUTION PLAZA
5TH FLOOR
HARTFORD, CT 06103

New Mailing Address:

FEI Number: 75-1629914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DPRE
Name: NENABER, RICHARD R
Address: 6263 N. SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 85250

Title: TREA
Name: WILSON, SCOTT A
Address: 6263 N. SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 85250

Title: SECY
Name: KIENE, ALLISON D
Address: ONE CONSTITUTION PLAZA, 5TH FLOOR
City-St-Zip: HARTFORD, CT 06103

Title: DIR
Name: TAYLOR, ANTHONY
Address: MONTPELIER HOUSE, 94 PITTS BAY ROAD
City-St-Zip: PEMBROKE, BM HM 08 BM

Title: DIR
Name: HARRIS, CHRISTOPHER L
Address: MONTPELIER HOUSE, 94 PITTS BAY ROAD
City-St-Zip: PEMBROKE, BM HM 08 BM

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: ALLISON KIENE

SECY

03/02/2011

Electronic Signature of Signing Officer or Director

Date