

1.) CORPORATION NAME:

**National Guarantee Corporation**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD C LAWRENCE  
MGM LAW  
1802 BAYBERRY COURT, SUITE 200  
  
RICHMOND, VA 23226**

SCC ID NO: **05081161**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 8506

CITY/ST/ZIP: RICHMOND, VA 23226

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAVID BERRYHILL TITLE: PRES/DIR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT T HAISLIP TITLE: SECRETARY ADDRESS: P O BOX 8506 CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN BARRETT TITLE: DIRECTOR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE FOLSOM TITLE: DIRECTOR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAURICE MEAGHER TITLE: DIRECTOR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HUGH MEENAN TITLE: DIRECTOR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MIKE REEDER TITLE: DIRECTOR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Curtis Crays TITLE: DIRECTOR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Harold Cross TITLE: DIRECTOR ADDRESS: P.O. Box 8506 CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROBERT T HAISLIP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT T HAISLIP, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/27/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		