

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213552328

1.) CORPORATION NAME:

R.V.I. National Insurance Company

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0222382**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	132,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 177 BROAD ST
9TH FL

CITY/ST/ZIP: STAMFORD, CT 06901

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:	DOUGLAS MAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/P		
ADDRESS:	177 BROAD ST		
	9TH FL		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	DARREL SEIFE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST S/SR CO		
ADDRESS:	177 BROAD ST		
	9TH FL		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	JOHN WALCOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-TAX		
ADDRESS:	177 BROAD ST		
	9TH FLOOR		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	MICHAEL MCGROARTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/GC/S		
ADDRESS:	177 BROAD ST		
	9TH FL		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	CHRISTOPHER DELOGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	177 BROAD ST		
	9TH FLOOR		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME: DAVID KLANICA TITLE: EVP/CFO/Treasur ADDRESS: 177 BROAD ST. 9TH FL. CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN O'BRYAN TITLE: SVP ADDRESS: 177 BROAD ST. 9TH FL. CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RENE ABDALAH TITLE: VICE PRESIDENT ADDRESS: 177 BROAD ST. 9TH FL. CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WEI FAN TITLE: VICE PRESIDENT ADDRESS: 177 BROAD ST. 9TH FL. CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input 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/ DARREL SEIFE	DARREL SEIFE, VP/ASST S/SR CO	12/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		