

1.) CORPORATION NAME:

NATIONAL TRUST INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

CLAIRE C. CARR

**901 MOOREFIELD PARK DRIVE, SUITE 200
RICHMOND, VA 23236**

DUE DATE: **7/31/2011**

SCC ID NO: **F1300310**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 UNIVERSITY PKWY

CITY/ST/ZIP: SARASOTA, FL 34240-

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: JOHN STAFFORD
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PKWY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: ROBERT BENJAMIN
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PKWY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: ROBERT FLANDERS
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PKWY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: ROY YAHRAUS
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PKWY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: CHARLES BAUMANN
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PKWY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: MARVIN HABER TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY CLARKE TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GORDON JACOBS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG JOHNSON TITLE: DIR/PRES/CEO ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TRACEY PFAB TITLE: DIR/SR VP ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEBRA DOUGLAS TITLE: SECRETARY ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER SHOUCAIR TITLE: TREASURER ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<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/ DEBRA DOUGLAS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA DOUGLAS, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
7/6/2011 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.	