

1.) CORPORATION NAME:

NATIONAL TRUST INSURANCE COMPANY

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLAIRE C. CARR
901 MOOREFIELD PARK DRIVE, SUITE 200
RICHMOND, VA 23236**

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.

| | | |
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| | <input checked="" 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 | |

| | | |
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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | THOMAS KOVAL | |
| 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 type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | CHARLES BAUMANN | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 6300 UNIVERSITY PKWY | |
| CITY/ST/ZIP/CO: | SARASOTA, FL 34240 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ROBERT BENJAMIN | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 6300 UNIVERSITY PKWY | |
| CITY/ST/ZIP/CO: | SARASOTA, FL 34240 | |

| | | |
|--|---|--|
| 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: ROBERT FLANDERS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOHN COX 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: JOHN STAFFORD TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROY YAHRAUS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240 | <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/ THOMAS KOVAL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | THOMAS KOVAL, SECRETARY PRINTED NAME AND CORPORATE TITLE | 6/12/2012 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. | | |