

1.) CORPORATION NAME:

NATIONAL TRUST INSURANCE COMPANY

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

SCC ID NO: **F1300310**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 UNVERSITY 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.

<p>NAME: CRAIG JOHNSON TITLE: DIR/PRES/CEO ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TRACEY PFAB TITLE: DIR/SR VP ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER SHOUCAIR TITLE: TREASURER ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS KOVAL TITLE: SECRETARY ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHARLES BAUMANN TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT BENJAMIN TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PKWY CITY/ST/ZIP/CO: SARASOTA, FL 34240</p>	<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: 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: 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	7/17/2013 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.		