

1.) CORPORATION NAME:

Monroe Guaranty Insurance Company

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JAMES ROBERTS
1001 HAXALL POINT
PO BOX 1122**

SCC ID NO: **F1669680**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23218

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:	GORDON WILLIAM JACOBS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DIR		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	CRAIG JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO/TREASUR		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	CHRISTOPHER SHOUCAIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/ASST TREA		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	DEBRA HORNER DOUGLAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/SECRETARY		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	TRACEY PFAB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/DIRECTOR		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		

NAME: JOHN STAFFORD TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT BENJAMIN TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT FLANDERS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROY YAHRAUS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES BAUMANN TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARVIN HABER TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY CLARKE TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY 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/ DEBRA HORNER DOUGLAS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA HORNER DOUGLAS, EVP/SECRETARY PRINTED NAME AND CORPORATE TITLE
3/7/2011 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.	