

1.) CORPORATION NAME:

**Monroe Guaranty Insurance Company**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1669680**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**MECHANICSVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

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:	CRAIG A. JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DIRECT		
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/DIR		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240		

NAME:	MICHELLE M. JALBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/A TREAS/CNTR		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240		

NAME:	CHRISTOPHER S SHOUCAIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO/TREAS		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240		

NAME:	JOSEPH A KEENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240		

NAME:	THOMAS A. KOVAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/SECRETARY		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240		

NAME: RUPERT L. WILLIS TITLE: EVP/COO ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN STAFFORD TITLE: CHAIRMAN 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: 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: JOHN COX 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: GORDON WILLIAM JACOBS 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 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/ CRAIG A. JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG A. JOHNSON, PRES/CEO/DIRECT PRINTED NAME AND CORPORATE TITLE	4/9/2014 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.		