


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90448 005 ***150.00

DOCUMENT # 845188	
1. Entity Name WASHINGTON INTERNATIONAL INSURANCE COMPANY	

Principal Place of Business 1200 ARLINGTON HEIGHTS ROAD SUITE 400 ITASCA, IL 60143 US	Mailing Address 1200 ARLINGTON HEIGHTS ROAD SUITE 400 ITASCA, IL 60143 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60031472



04272006 Chg-P CR2E034 (11/05)

4. FEI Number 36-2860812	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HARRIGAN, PATRICIA 175 KING STREET ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT STYS, EDWARD 650 ELM STREET MANCHESTER, NH 03101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CARPENTER, JAMES A 1200 ARLINGTON HEIGHTS ROAD, STE. 400 ITASCA, IL 60143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ANDERSON, STEVEN 1200 ARLINGTON HEIGHTS ROAD, STE 400 ITASCA, IL 60143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP STOPLER, BARRY STUART 175 KINGSTREET ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GOLDMAN, ALAN 55 EAST 52ND STREET NEW YORK, NY 10055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>George A. H.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7-27-06 Date	603-644-6600 Daytime Phone #
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ATTACHMENT
60031472
#845188

Center of New Hampshire
650 Elm Street
Manchester, NH 03101
(603) 644-6600

TRANSMITTAL

DATE: 4/27/2006

TO: FL - Department of State
Division of Corporations
Annual Reports Section
P.O. BOX 1500
Tallahassee, FL 32302-1500

Enclosed please find the filing(s) referenced below for:

Company: Washington International Insurance Company
FEIN#: 36-2860812
NAIC#: 32778

Filing(s)

2006 Corporation Annual Report
Check Enclosed - \$ 150.00

We trust you will find all in order. Please direct all inquiries regarding this transmittal to the attention of Susan Hogan, Accounting Department, at the above address.

ATTACHMENT

WASHINGTON INTERNATIONAL INSURANCE COMPANY

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845188

President\Director
Steven Paul Anderson
President\CEO
Address: 1N 463 Bardmour Lane
Winfield, IL

Treasurer/Vice President
Edward Dominic Stys
Vice President & Treasurer
Address: 21 Wimbledon Heights
Hooksett, NH 03106

Secretary
Patricia Harrigan
Address: 175 King St.
Armonk, NY 10504

Vice President
James Andrew Carpenter
Vice President
Address: 840 Mobile Court
Naperville, IL

Vice President\Director
Micheal Joseph Dejoy
Vice President
Address: 309 E. 49th Street
New York, NY 10017

Vice President
David Layman
Vice President
Address: 2 S 720 White Birch Lane
Wheaton, IL

Vice President
Giuseppe Franco Le Pera
Vice President
Address: 11 Bills Way
Bedford, NH

Vice President/Director
Robert Michael Solitro,
Vice President
Address: 75 McLane Lane
Manchester, NH 03104

Vice President\Director
Barry Stopler
Vice President
Address: 83 Summit Place
Pleasantville, NY

Director
Thomas Forsyth
Address: 13 Fox Run Road
Wilton, CT

Director

Mark Peter Lescault
Address: 17 Sleepy Hollow Road
Sandy Hook, CT 06482

Director
Paul Anthony Licausi
Address: 50 Wildwood Rd.
Stamford, NY 06903

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#845188