

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90003 018 ***550.00

DOCUMENT # 809670
 1. Entity Name
STONEWALL INSURANCE COMPANY



Principal Place of Business Mailing Address
RANDALL AMERICA **2 CENTRAL SQUARE**
2 CENTRAL SQ./ 632 MASS AVE **CAMBRIDGE, MA 02139 US**
CAMBRIDGE, MA 02139 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
200 Metro Center Blvd **200 Metro Center Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 8 **Ste 8**

City & State City & State
Warwick, RI **Warwick, RI**
 Zip Country Zip Country
02886 USA **02886 USA**

901000-

 07172007 Chg-P CR2E034 (12/06)

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

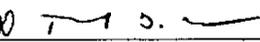
4. FEI Number Applied For
63-0202590 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	T CARLSON, ROBERT B 200 METRO CENTER BLVD., UNIT 8 WARWICK, RI 02886 <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	PD BARCLAY, ROBERT L <input checked="" type="checkbox"/> Delete 200 METRO CENTER BLVD., UNIT 8 WARWICK, RI 02886	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karl Wall 200 Metro Center Blvd, suite 8 Warwick, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BALKAN, THOMAS J 200 METRO CENTER BLVD., UNIT 8 WARWICK, RI 02886	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Robert B. Carlson** **7/17/07** **401-921-5234**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #