

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809670

FILED
Apr 10, 2009
Secretary of State

Entity Name: STONEWALL INSURANCE COMPANY

Current Principal Place of Business:

200 METRO CENTER BLVD STE 8
WARWICK, RI 02886 US

New Principal Place of Business:

200 METRO CENTER BLVD
SUITE 8
WARWICK, RI 02886 US

Current Mailing Address:

200 METRO CENTER BLVD STE 8
WARWICK, RI 02886 US

New Mailing Address:

200 METRO CENTER BLVD
SUITE 8
WARWICK, RI 02886 US

FEI Number: 63-0202590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CARLSON, ROBERT B
Address: 200 METRO CENTER BLVD., UNIT 8
City-St-Zip: WARWICK, RI 02886

Title: PD () Delete
Name: WALL, KARL
Address: 200 METRO CENTER BLVD., UNIT 8
City-St-Zip: WARWICK, RI 02886

Title: S () Delete
Name: BALKAN, THOMAS J
Address: 200 METRO CENTER BLVD., UNIT 8
City-St-Zip: WARWICK, RI 02886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CARLSON, ROBERT B
Address: 200 METRO CENTER BLVD., SUITE 8
City-St-Zip: WARWICK, RI 02886

Title: PD (X) Change () Addition
Name: WALL, KARL
Address: 200 METRO CENTER BLVD., SUITE 8
City-St-Zip: WARWICK, RI 02886

Title: S (X) Change () Addition
Name: BALKAN, THOMAS J
Address: 200 METRO CENTER BLVD., SUITE 8
City-St-Zip: WARWICK, RI 02886

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CARLSON

MR.

04/10/2009

Electronic Signature of Signing Officer or Director

Date