

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **814468** (5)

1. Corporation Name
GREENWICH INSURANCE COMPANY



Principal Place of Business: **ONE GREENWICH PLAZA, P.O. BOX 2568, GREENWICH CT 06836-2658 US**
Mailing Address: **ONE GREENWICH PLAZA, P.O. BOX 2568, GREENWICH CT 06836-2568 US**

3. Date incorporated or Qualified: **06/07/1960**
3a. Date of Last Report: **04/24/1995**
4. FFL Number: **95-1479095**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in Block 9, or the current registered agent

Signature of the person named in Block 10, or the new registered agent

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BORNHUETTER, RONALD, L	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BANNERMAN, MARTHA G	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOTT, STAN	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	DTV	<input checked="" type="checkbox"/> DELETE
NAME	MALVASIO, PAUL, J	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MADSEN, CARL F	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-STATE-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	CHAIRMAN/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RONALD L. BORNHUETTER	
3. STREET ADDRESS	1 GREENWICH PLAZA	
4. CITY-STATE-ZIP	GREENWICH CT 06836	
2. TITLE	PRESIDENT/CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	JOHN A. MURAD	
2.3 STREET ADDRESS	1 GREENWICH PLAZA	
2.4 CITY-STATE-ZIP	GREENWICH CT 06836	
3. TITLE	ACTING CFO/ACTING TREAS./DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN N. ADIMARI	
3.3 STREET ADDRESS	1 GREENWICH PLAZA	
3.4 CITY-STATE-ZIP	GREENWICH CT 06836	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed as an attachment with an address.

SIGNATURE: *John A. Murad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN A. MURAD, PRESIDENT

2/13/96 203-622-5200
Date Due Phone #

CR2E034 (12/95)