

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 814468 (5)  
1. Corporation Name  
GREENWICH INSURANCE COMPANY



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

3. Date Incorporated or Qualified 06/07/1960  
3a. Date of Last Report 03/26/1996  
4. FEI Number 95-1479095  
Applied For Not Applicable  
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 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BORNHUETTER, RONALD, L	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BANNERMAN, MARTHA G	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOTT, STAN	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MURAD, JOHN A	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MADSEN, CARL F	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	ACTD	<input checked="" type="checkbox"/> DELETE
NAME	ADIMARI, JOHN N	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN / DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BORNHUETTER, RONALD L.	
1.3 STREET ADDRESS	1 GREENWICH PLAZA	
1.4 CITY-ST-ZIP	GREENWICH CT 06836	
2.1 TITLE	PRESIDENT / DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MURAD, JOHN A.	
2.3 STREET ADDRESS	1 GREENWICH PLAZA	
2.4 CITY-ST-ZIP	GREENWICH CT 06836	
3.1 TITLE	SECRETARY / DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BANNERMAN, MARTHA G.	
3.3 STREET ADDRESS	1 GREENWICH PLAZA	
3.4 CITY-ST-ZIP	GREENWICH CT 06836	
4.1 TITLE	TREASURER / DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FADDEN, JEROME T.	
4.3 STREET ADDRESS	1 GREENWICH PLAZA	
4.4 CITY-ST-ZIP	GREENWICH CT 06836	
5.1 TITLE	EVP / DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KOTT, STANLEY	
5.3 STREET ADDRESS	1 GREENWICH PLAZA	
5.4 CITY-ST-ZIP	GREENWICH CT 06836	
6.1 TITLE	EVP / DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MADSEN, C.F.	
6.3 STREET ADDRESS	1 GREENWICH PLAZA	
6.4 CITY-ST-ZIP	GREENWICH CT 06836	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: *John A. Murad* DATE: 02/24/97 DAYTIME PHONE: 203.622.5277

CR2E034 (9/96)