

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90095 023 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **814468**

1. Corporation Name  
**GREENWICH INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

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**

4. FEI 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> DELETE
NAME	CALLAHAN, RICHARD J	
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	TD	<input checked="" type="checkbox"/> DELETE
NAME	FADDEN, JEROME J	
STREET ADDRESS	1 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TD Miller, Richard H.
6.3 STREET ADDRESS	1 Greenwich Plaza
6.4 CITY-ST-ZIP	Greenwich, CT

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 203-622-5450  
 Date Daytime Phone #

CR2E034 (1/1/98)