


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90013 030 \*\*\*150.00

**DOCUMENT # 814468**  
 1. Entity Name  
**GREENWICH INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
 1201 NORTH MARKET STREET      70 SEAVIEW AVE.  
 SUITE 501      SEAVIEW HOUSE  
 WILMINGTON, DE 19801 US      STAMFORD, CT 06902-6040 US

**54022121**



**DO NOT WRITE IN THIS SPACE**

01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>95-1479095</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROWN, NICHOLAS M JR 70 SEAVIEW AVE. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORGAN, THERESA 70 SEAVIEW AVE. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, RICHARD J 70 SEAVIEW AVE. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, RICHARD H 70 SEAVIEW AVE. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: *Bridget Toal*      ASSISTANT SECRETARY 3/2/04 800/394-3909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #