

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90031 007 ***158.75

DOCUMENT # 814468
 1. Entity Name
GREENWICH INSURANCE COMPANY



40015564

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**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

95-1479095 Not Applicable

5. Certificate of Status Desired **\$8.75 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROWN, NICHOLAS M JR 70 SEAVIEW AVE. STAMFORD, CT 06902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORGAN, THERESA 70 SEAVIEW AVE. STAMFORD, CT 06902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, RICHARD J 70 SEAVIEW AVE. STAMFORD, CT 06902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, RICHARD H 70 SEAVIEW AVE. STAMFORD, CT 06902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Kenneth P. Meagher Kenneth P. Meagher 1/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40015564

#814468

GREENWICH INSURANCE COMPANY
2005 For Profit Corporation
Annual Report (Document #: 814468)

Attachment to Block 11.

Addition

TITLE: D/V
NAME: Richard S. Banas
STREET ADDRESS: 20 N. Martingale Road, Suite 200
CITY - ST - ZIP: Schaumburg, IL 60173-2415

Addition

TITLE: D/V
NAME: Lee L. Bennett
STREET ADDRESS: 70 Seaview House
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: V
NAME: Christopher F. Buse
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: V
NAME: Richard T. Corbett, Jr.
STREET ADDRESS: 520 Eagleview Boulevard
CITY - ST - ZIP: Exton, PA 19341

Change

TITLE: V/T
NAME: Gabriel G. Carino
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: V
NAME: Gregory A. Douglas
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

ATTACHMENT

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Addition

TITLE: D/V
NAME: David B. Duclos
STREET ADDRESS: 520 Eagleview Boulevard
CITY - ST - ZIP: Exton, PA 19341

Addition

TITLE: D/V
NAME: Janet E. Duncan
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Penny A. Foltz
STREET ADDRESS: 1201 North Market Street, Suite 501
CITY - ST - ZIP: Wilmington, DE 19801

Addition

TITLE: D/P
NAME: Dennis P. Kane
STREET ADDRESS: One World Financial Center
STREET ADDRESS: 200 Liberty Street, 27th Floor
CITY - ST - ZIP: New York, NY 10281

Addition

TITLE: D/V
NAME: Robert P. Klepper
STREET ADDRESS: One World Financial Center
STREET ADDRESS: 200 Liberty Street, 27th Floor
CITY - ST - ZIP: New York, NY 10281

Addition

TITLE: V/S
NAME: Kenneth P. Meagher
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

ATTACHMENT

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Addition

TITLE: D/V
NAME: Richard H. Miller
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: V
NAME: Thomas W. Muller
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: V
NAME: Sean F. Murphy
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: V
NAME: Robert L. Nason
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: V
NAME: Douglas L. Olsen
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: David B. Porteus
STREET ADDRESS: One Constitution Plaza, 9th Floor
CITY - ST - ZIP: Hartford, CT 06103

Addition

TITLE: D/C
NAME: Clive Tobin
STREET ADDRESS: 70 Gracechurch Street
STREET ADDRESS: London
CITY - ST - ZIP: EC3V 0XL United Kingdom

ATTACHMENT

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Addition

TITLE: D
NAME: Michael A. Zauderer
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040