

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90109 011 ***150.00

40015390



01292007 Chg-P CR2E034 (12/06)

4. FEI Number **95-1479095** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # 814468
 1. Entity Name
GREENWICH INSURANCE COMPANY



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

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**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANAS, RICHARD S			NAME			
STREET ADDRESS	20 N MARTINGALE RD, SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	SCHAUMBURG, IL 60173			CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, LEE L			NAME			
STREET ADDRESS	70 SEAVIEW AVE.			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD, CT 06902			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSE, CHRISTOPHER F			NAME			
STREET ADDRESS	70 SEAVIEW AVE.			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD, CT 06902			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, RICHARD H			NAME			
STREET ADDRESS	70 SEAVIEW AVE.			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD, CT 06902			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBETT, RICHARD T JR			NAME			
STREET ADDRESS	520 EAGLEVIEW BLVD			STREET ADDRESS			
CITY-ST-ZIP	EXTON, PA 19341			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARINO, GABRIEL G			NAME			
STREET ADDRESS	70 SEAVIEW AVE			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD, CT 06902			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowers.

SIGNATURE: Kenneth P Meagher 2/8/07 904-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40015390

#814468

GREENWICH INSURANCE COMPANY

2007 For Profit Corporation

Annual Report (Document #: 814468)

Attachment to Block 11.

TITLE: D/V
NAME: John M. DiBiasi
STREET ADDRESS: 520 Eagleview Boulevard
CITY - ST - ZIP: Exton, PA 19341

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

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

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

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

ATTACHMENT

40015390

#814468

TITLE: D/V
NAME: John R. Glancy
STREET ADDRESS: 100 Constitution Plaza
CITY - ST - ZIP: Hartford, CT 06103

TITLE: D/V
NAME: Karen P. Gordon
STREET ADDRESS: 120 North Market Street, Suite 501
CITY - ST - ZIP: Wilmington, DE 19801

TITLE: V
NAME: Brian P. Greenspan
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

TITLE: V
NAME: David J. Hughes
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

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

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

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

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

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

TITLE: D/V
NAME: James M. Norris
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

TITLE: D/V
NAME: John H. Sullivan
STREET ADDRESS: 100 Constitution Plaza
CITY - ST - ZIP: Hartford, CT 06103

TITLE: D/V
NAME: Paul I. Tuhy
STREET ADDRESS: One World Financial Center
STREET ADDRESS: 200 Liberty Street, 21st Floor
CITY - ST - ZIP: New York, NY 10281

TITLE: D/V
NAME: John Welch
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

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

ATTACHMENT

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