FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:47

DOCUMENT # 819820 (2)

1. Corporation Name
PROVIDENCE WASHINGTON INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE OLD STONE SQUARE PROVIDENCE FL 02903 US	P. O. BOX 14545 EAST PROVIDENCE RI 02914 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/17/1966
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

City & State (23): Providence, RI 02903
City & State (28)

Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 05-0204450 ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVD	1.1 TITLE	☐ Change ☐ Addition
NAME	RECINE, JOSEPH T.	1.2 NAME	
STREET ADDRESS	ONE OLD STONE SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	1.4 CITY-ST-ZIP	
TITLE	CMP	2.1 TITLE	☐ Change ☐ Addition
NAME	~~HOGUE, MICHAEL E.~~	2.2 NAME	Richard J. Hoag
STREET ADDRESS	HOAG, RICHARD, J	2.3 STREET ADDRESS	One Old Stone Square
CITY-ST-ZIP	PROVIDENCE RI	2.4 CITY-ST-ZIP	
TITLE	EMD	3.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, DAVID M	3.2 NAME	
STREET ADDRESS	ONE OLD STONE SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	DECKER, MARY CLARE	4.2 NAME	
STREET ADDRESS	ONE OLD STONE SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, ROBERT B.	5.2 NAME	
STREET ADDRESS	ONE OLD STONE SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Clare Decker 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403642 PN