

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 819820 (2)

1. Corporation Name

PROVIDENCE WASHINGTON INSURANCE COMPANY



Principal Place of Business

ONE OLD STONE SQUARE
PROVIDENCE RI 02903
US

Mailing Address

P. O. BOX 14545
EAST PROVIDENCE RI 02914
US

3. Date Incorporated or Qualified

08/17/1966

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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 607.0602 and 607.1506, 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 607.0906, Florida Statutes.

SIGNATURE

(Note: Registered Agent Signature required when replacing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME ☐ DELETE

EVD
RECINE, JOSEPH T.
ONE OLD STONE SQUARE
PROVIDENCE RI

NAME ☐ DELETE

CMP
HOAG, RICHARD J.
ONE OLD STONE SQUARE
PROVIDENCE RI

NAME ☐ DELETE

EMD
PATTERSON, DAVID M
ONE OLD STONE SQUARE
PROVIDENCE RI

NAME ☐ DELETE

S
DECKER, MARY CLARE
ONE OLD STONE SQUARE
PROVIDENCE RI

NAME ☐ DELETE

V
CARLSON, ROBERT B.
ONE OLD STONE SQUARE
PROVIDENCE RI

NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(k), 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
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Clare Decker

(401) 453-7000

CR2E034 (12/95)