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FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
ONE OLD STONE SQUARE
PROVIDENCE RI 02903
US P. O. BOX 14545
EAST PROVIDENCE RI 02914-0545
US

3. Date Incorporated or Qualified 08/17/1966 3a. Date of Last Report 02/12/1996

2. Principal Place of Business 21 One Providence XXXXXXX 22 Washington Plaza City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 30	4. FEI Number 05-0204450 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EDV	<input type="checkbox"/> DELETE
NAME	RECINE, JOSEPH T.	
STREET ADDRESS	ONE OLD STONE SQUARE	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	CMP	<input type="checkbox"/> DELETE
NAME	HOAG, RICHARD J.	
STREET ADDRESS	ONE OLD STONE SQUARE	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	EMD	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, DAVID M	
STREET ADDRESS	ONE OLD STONE SQUARE	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DECKER, MARY CLARE	
STREET ADDRESS	ONE OLD STONE SQUARE	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLSON, ROBERT B.	
STREET ADDRESS	ONE OLD STONE SQUARE	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	One Providence Washington Plaza
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	One Providence Washington Plaza
24 CITY-ST-ZIP	
31 TITLE	Dir., SVP., Trea. Compt. CIO. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Martha H. Huffman
33 STREET ADDRESS	One Providence Washington Plaza
34 CITY-ST-ZIP	Providence, RI. 02903
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	One Providence Washington Plaza
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	One Providence Washington Plaza
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 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:

Martha H. Huffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P., Trea. 1/15/97 (401)453-7000

Date

Daytime Phone

CR2E034 (9/96)