

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819820 (2)
 1. Corporation Name
PROVIDENCE WASHINGTON INSURANCE COMPANY



Principal Place of Business ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903 US	Mailing Address P. O. BOX 14545 EAST PROVIDENCE RI 02914 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/17/1966	
4. FEI Number 05-0204450	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ (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	EVD	<input type="checkbox"/> DELETE
NAME	RECINE, JOSEPH T.	
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	CMP	<input type="checkbox"/> DELETE
NAME	HOAG, RICHARD J.	
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MARTHA H. HUFFMAN	
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DECKER, MARY CLARE	
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLSON, ROBERT B.	
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* **Martha H. Huffman, SVP, Treas. 1/7/98 (401)453-7000**

CR2E034 (10/97)