

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90103 020 ***150.00

DOCUMENT # 819820

1. Entity 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 02914-0545 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

4. FEI Number **05-0204450** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00.
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD RECINE, JOSEPH T. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMP HOAG, RICHARD J. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MARTHA H. HUFFMAN ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DECKER, MARY CLARE ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARLSON, ROBERT B. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gayle Haskell* **Gayle Haskell, SVP, Treas.** 1/12/00 (401)453-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)