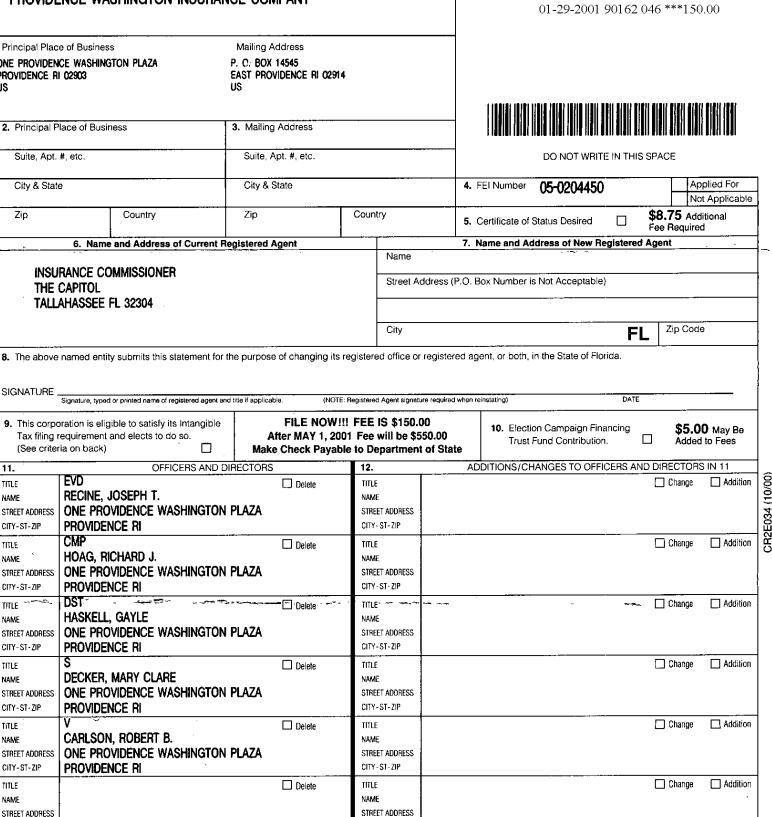
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819820 1. Entity Name PROVIDENCE WASHINGTON INSURANCE COMPANY Mailing Address Principal Place of Business ONE PROVIDENCE WASHINGTON PLAZA P. C. BOX 14545 PROVIDENCE RI 02903 EAST PROVIDENCE RI 02914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 29, 2001 8:00 am Secretary of State



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 eath; 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

CITY-ST-ZIP

SIGNATURE

City & State

Zip

SIGNATURE

EVD

11.

TITLE

NAME STREET ADDRESS

TITLE

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Gayle Haskell, SVP, Trea.