

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90001 029 ***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 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0204450	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STITH, REGINALD B		NAME		
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI 02903		CITY-ST-ZIP		
TITLE	CMP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOAG, RICHARD J.		NAME		
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASKELL, GAYLE		NAME		
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKER, MARY CLARE		NAME		
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	SVP, CFO, Trea <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON, ROBERT B.		NAME		
STREET ADDRESS	ONE PROVIDENCE WASHINGTON PLAZA		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Pres, CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	John F. Shettle	
STREET ADDRESS			STREET ADDRESS	One Providence Washington Plaza	
CITY-ST-ZIP			CITY-ST-ZIP	Providence, RI. 02903	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert B. Carlson</u> Robert B. Carlson, SVP, Trea 1/29/04 (401)453-7163 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					