

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90257 030 \*\*\*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**

**50041921**

2. Principal Place of Business

**88 Boyd Avenue**

3. Mailing Address

**88 Boyd Ave. ATTN Tax Dept.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State  
**East Providence, RI**

City & State  
**East Providence, RI**

File Number  
**05-0204450**

Applied For  
Not Applicable

Zip  
**02914**

Country  
**USA**

Zip  
**02914**

Country  
**USA**

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

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
STITH, REGINALD B  
ONE PROVIDENCE WASHINGTON PLAZA  
PROVIDENCE RI 02903** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres., CEO  
Jeffrey S. Mack  
88 Boyd Avenue  
East Providence, RI. 02914** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
SHETTL, JOHN F  
ONE PROVIDENCE WASHINGTON PLAZA  
PROVIDENCE RI 02903** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
John H. Ballard III  
88 Boyd Avenue  
East Providence, RI. 02914** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DECKER, MARY CLARE  
ONE PROVIDENCE WASHINGTON PLAZA  
PROVIDENCE RI** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Nancy Resende  
~~88 Boyd Avenue~~  
East Providence, RI. 02914** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPT  
CARLSON, ROBERT B.  
ONE PROVIDENCE WASHINGTON PLAZA  
PROVIDENCE RI** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Executive VP  
88 Boyd Avenue  
East Providence, RI. 02914** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
D.E. Woellner  
88 Boyd Avenue  
East Providence, RI. 02914** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*D.E. Woellner* D.E. Woellner, VP.

4/43/05 (401)453-7163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #