


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 Mailing Address
ONE PROVIDENCE WASHINGTON PLAZA **P. O. BOX 14545**
PROVIDENCE RI 02903 **EAST PROVIDENCE RI 02914**
US **US**

50041921

2. Principal Place of Business 3. Mailing Address
88 Boyd Avenue **88 Boyd Ave. ATTN Tax Dept.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State City & State Filing Number Applied For
East Providence, RI **East Providence, RI** **05-0204450** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
02914 **USA** **02914** **USA**

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000

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

SIGNATURE _____ (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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STITH, REGINALD B ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHETTLER, JOHN F ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECKER, MARY CLARE ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT CARLSON, ROBERT B. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., CEO Jeffrey S. Mack 88 Boyd Avenue East Providence, RI. 02914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP John H. Ballard III 88 Boyd Avenue East Providence, RI. 02914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nancy Resende 88 Boyd Avenue East Providence, RI. 02914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP 88 Boyd Avenue East Providence, RI. 02914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President D.E. Woellner 88 Boyd Avenue East Providence, RI. 02914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.** **4/23/05 (401)453-7163**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #