


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 819820</b> 1. Entity Name PROVIDENCE WASHINGTON INSURANCE COMPANY	
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Principal Place of Business 88 BOYD AVE EAST PROVIDENCE, RI 02914 US	Mailing Address 88 BOYD AVE EAST PROVIDENCE, RI 02914 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0204450	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MACK, JEFFREY S 88 BOYD AVE EAST PROVIDENCE, RI 02914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP BALLARD, JOHN H III 88 BOYD AVE EAST PROVIDENCE, RI 02914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESENDE, NANCY 88 BOYD AVE EAST PROVIDENCE, RI 02914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WOELLNER, D E 88 BOYD AVE EAST PROVIDENCE, RI 02914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000761895 05/25/07-80073-017 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <u><i>D E Woellner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/12/07</b> <small>Date</small>	<b>401-453-7163</b> <small>Daytime Phone #</small>
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