
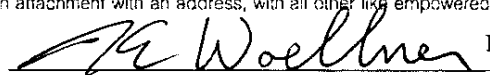


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90039 033 \*\*\*150.00

<b>DOCUMENT # 819820</b> 1. Entity Name <b>PROVIDENCE WASHINGTON INSURANCE COMPANY</b>					
Principal Place of Business <b>88 BOYD AVE EAST PROVIDENCE RI 02914 US</b>			Mailing Address <b>88 BOYD AVE EAST PROVIDENCE RI 02914 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1275 Wampanoag Trail</b>		3. Mailing Address (same) Suite, Apt. #, etc.			
City & State <b>East Providence, RI</b>		City & State		4. FEI Number <b>05-0204450</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>02915</b>	Country <b>USA</b>	Zip <b>02915</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reappointing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <b>MACK, JEFFREY S</b> <b>88 BOYD AVE</b> <b>EAST PROVIDENCE RI 02914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1275 Wampanoag Trail</b> <b>East Providence RI 02915</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP <b>BALLARD, JOHN H III</b> <b>88 BOYD AVE</b> <b>EAST PROVIDENCE RI 02914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1275 Wampanoag Trail</b> <b>East Providence RI 02915</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>RESENDE, NANCY</b> <b>88 BOYD AVE</b> <b>EAST PROVIDENCE RI 02914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1275 Wampanoag Trail</b> <b>East Providence RI 02915</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT <b>WOELLNER, D E</b> <b>88 BOYD AVE</b> <b>EAST PROVIDENCE RI 02914</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1275 Wampanoag Trail</b> <b>East Providence RI 02915</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Section 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> 			<b>D.E. Woellner</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/15/08</b> Daytime Phone # <b>401-453-7163</b>		