

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819820

FILED
Apr 18, 2011
Secretary of State

Entity Name: PROVIDENCE WASHINGTON INSURANCE COMPANY

Current Principal Place of Business:

1275 WAMPANOAG TRAIL
EAST PROVIDENCE, RI 02915 US

New Principal Place of Business:

Current Mailing Address:

1275 WAMPANOAG TRAIL
EAST PROVIDENCE, RI 02915 US

New Mailing Address:

FEI Number: 05-0204450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WALL, KARL J
Address: 1275 WAMPANOAG TRAIL
City-St-Zip: EAST PROVIDENCE, RI 02915

Title: TREA
Name: CARLSON, ROBERT B
Address: 1275 WAMPANOAG TRAIL
City-St-Zip: EAST PROVIDENCE, RI 02915

Title: A.SE
Name: RESENDE, NANCY
Address: 1275 WAMPANOAG TRAIL
City-St-Zip: EAST PROVIDENCE, RI 02915

Title: SVPT
Name: WOELLNER, D E
Address: 1275 WAMPANOAG TRAIL
City-St-Zip: EAST PROVIDENCE, RI 02915

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: D.E.WOELLNER

SVP

04/18/2011

Electronic Signature of Signing Officer or Director

Date