

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819820

FILED
Jan 20, 2012
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:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886 US

Current Mailing Address:

1275 WAMPANOAG TRAIL
EAST PROVIDENCE, RI 02915 US

New Mailing Address:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886 US

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: 7901 4TH STREET N SUITE 203
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: CFO
Name: CARLSON, ROBERT
Address: 475 KILVERT STREET SUITE 330
City-St-Zip: WARWICK, RI 02886 US

Title: S
Name: BALKAN, THOMAS
Address: 7901 4TH STREET N SUITE 203
City-St-Zip: ST PETERSBURG, FL 33702 US

Title: VP
Name: WOELLNER, D E
Address: 475 KILVERT STREET SUITE 330
City-St-Zip: WARWICK, RI 02886

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: ROBERT CARLSON

CFO

01/20/2012

Electronic Signature of Signing Officer or Director

Date