

845188

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600170920106

AC 3/8/10  
E. DENNARD



**Washington International Insurance Company**

650 Elm Street, 6<sup>th</sup> Floor  
Manchester, NH 03101-2524  
Phone: 603-644-6606 Fax: 603-644-6696

*Vickie A. Bauer*  
North American Specialty Insurance Co.  
Executive Assistant

March 2, 2010

845188

Department of State  
Division of Corporations  
Corporate Filings, P.O. Box 6327  
Tallahassee, FL 32314

**RE: Change of Mailing Address**  
**Washington International Insurance Company (WIIC)**  
**NAIC # 32778**

To Whom It May Concern:

Enclosed is a completed NAIC UCAA Form 14 to change the mailing address for Washington International Insurance Company. The Company will be relocating to this address effective March 15, 2010.

Please contact me at 800-542-9200 should you have any questions or require additional information.

Sincerely,

Vickie A. Bauer  
Executive Assistant

Enclosures

Applicant Name Washington International Insurance Company NAIC No. 32778  
FEIN: 36-2860812

This notice is for all states; **OR** this notice is for the following state(s) only:

<input type="checkbox"/> AL x	<input type="checkbox"/> AK x	<input type="checkbox"/> AS x	<input type="checkbox"/> AZ x	<input type="checkbox"/> AR x	<input type="checkbox"/> CA x	<input type="checkbox"/> CO x	<input type="checkbox"/> CT x	<input type="checkbox"/> DE x	<input type="checkbox"/> DC x	<input type="checkbox"/> FL x	<input type="checkbox"/> GA x
<input type="checkbox"/> GU	<input type="checkbox"/> HI x	<input type="checkbox"/> ID x	<input type="checkbox"/> IL x	<input type="checkbox"/> IN x	<input type="checkbox"/> IA x	<input type="checkbox"/> KS x	<input type="checkbox"/> KY x	<input type="checkbox"/> LA x	<input type="checkbox"/> ME x	<input type="checkbox"/> MD x	<input type="checkbox"/> MA x
<input type="checkbox"/> MI x	<input type="checkbox"/> MN x	<input type="checkbox"/> MS x	<input type="checkbox"/> MO x	<input type="checkbox"/> MT x	<input type="checkbox"/> NE x	<input type="checkbox"/> NV*	<input type="checkbox"/> NH x	<input type="checkbox"/> NJ x	<input type="checkbox"/> NM x	<input type="checkbox"/> NY x	<input type="checkbox"/> NC x
<input type="checkbox"/> ND x	<input type="checkbox"/> OH x	<input type="checkbox"/> OK x	<input type="checkbox"/> OR x	<input type="checkbox"/> PA x	<input type="checkbox"/> PR	<input type="checkbox"/> RI x	<input type="checkbox"/> SC x	<input type="checkbox"/> SD x	<input type="checkbox"/> TN x	<input type="checkbox"/> TX x	<input type="checkbox"/> UT x
<input type="checkbox"/> VT x	<input type="checkbox"/> VI x	<input type="checkbox"/> VA x	<input type="checkbox"/> WA x	<input type="checkbox"/> WV x	<input type="checkbox"/> WI x	<input type="checkbox"/> WY x					

\* State Specific Form required

### **NEW CONTACT**

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Previous Contact Name (if changed): \_\_\_\_\_  
Name of MGA (if contact or address changed): \_\_\_\_\_

Note: If there are multiple contacts in different locations, please attach a separate sheet with all pertinent information for each.

### **NEW MAILING ADDRESS**

Address: 475 N. Martingale Road  
Address 2: \_\_\_\_\_ Suite/Mail Stop: Suite 850  
City: Schaumburg State: IL Zip Code: 60173  
Email: \_\_\_\_\_  
Phone Number: 847-273-1210 Fax: 847-273-1270

Vickie A. Bauer  
Signature of Preparer

Vickie A. Bauer  
Typed or Printed Name  
603-644-6600  
Phone Number of Preparer

March 5, 2010  
Date of Preparation

Executive Assistant  
Title of Preparer  
vickie.bauer@nasins.com  
E-Mail Address of Preparer