


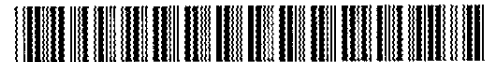
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # F97000000052 |  |
| 1. Entity Name CLEARWATER INSURANCE COMPANY | |

| | |
|---|---|
| Principal Place of Business 300 FIRST STAMFORD PL. STAMFORD, CT 06902 | Mailing Address 300 FIRST STAMFORD PL. STAMFORD, CT 06902 |
|---|---|

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 13-2781282 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 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 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000132208 04/27/04-80036-018 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP WACEK, MICHAEL G 300 FIRST STAMFORD PLACE STAMFORD, CT 06902 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DCO BARNARD, ANDREW A 140 BROADWAY NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | EVPD MIGLIORINI, JAMES E 140 BROADWAY NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DEVP TROIANO, CHARLES D 300 FIRST STAMFORD PLACE STAMFORD, CT 06902 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DSVP SMITH, DONALD L 300 FIRST STAMFORD PLACE STAMFORD, CT 06902 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DEVP HINKLEY, MARK W 300 FIRST STAMFORD PLACE STAMFORD, CT 06902 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  **Donald L. Smith** (203)977-8000 April 22, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #