2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: PROVIDENCE WASHINGTON INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886

Current Mailing Address:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886

FEI Number: 20-5040471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title	PRES	Title	TREA
Name	WALL, KARL J	Name	FLETCHER, SHARRON
Address	475 KILVERT STREET, SUITE 330	Address	475 KILVERT STREET, SUITE 330
City-State-Zip:	WARWICK RI 02886	City-State-Zip:	WARWICK RI 02886

Title	SVP
Name	WOELLNER, D.E.
Address	475 KILVERT STREET, SUITE 330
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D.E. WOELLNER SVP 04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date