

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814468

**FILED
Apr 20, 2015
Secretary of State
CC6770795834**

Entity Name: GREENWICH INSURANCE COMPANY

Current Principal Place of Business:

C/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

Current Mailing Address:

70 SEAVIEW AVENUE
STAMFORD, CT 06902 US

FEI Number: 95-1479095

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title VP
Name BUSE, CHRISTOPHER F
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title VP,T
Name CARINO, GABRIEL G
Address 70 SEAVIEW AVE
City-State-Zip: STAMFORD CT 06902

Title D, P, CEO
Name TOCCO, JOSEPH
Address 200 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

Title VP,S
Name PERKINS, TONI ANN
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title VP
Name KERRIGAN, URSULA M
Address 200 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

Title VP, DIRECTOR
Name NORRIS, JAMES M
Address 100 CONSITUTION PLAZA
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR, VP
Name SHINE, ROBERT M
Address 200 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR, VP
Name WELCH, JOHN P
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

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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: KAREN M CLAUSI

ASSISTANT SECRETARY 04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, COMPTROLLER
Name WILL , ANDREW R
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY
Name CLAUSI, KAREN M
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title VP
Name DINKINS, DAWN
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, VP
Name NADEAU, DONNA M
Address ONE WORLD FINANCIAL CENTER
200 LIBERTY STREET 22ND FLOOR
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR, VP
Name ZIMMERMAN, TODD D
Address 505 EAGLEVIEW BOULEVARD
SUITE 100
City-State-Zip: EXTON PA 19341

Title DIRECTOR, VP
Name BROOKS, DAVID D
Address 100 CONSTITUTION PLAZA
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR, VP
Name PINKES, ANDREW
Address 100 CONSTITUTION PLAZA
City-State-Zip: HARTFORD CT 06103