

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814468

FILED
Feb 13, 2013
Secretary of State
CC6374031734

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: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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 MAAG, SERAINA
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, CFO
Name DOUGHERTY, JOHN C
Address 100 WASHINGTON BOULEVARD
City-State-Zip: STAMFORD CT 06902

Title VP
Name GARCEAU, MICHAEL J
Address 200 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

Title VP
Name HEWETT, DAVID S
Address 300 EAST LOMBARD STREET
SUITE 1470
City-State-Zip: BALTIMORE MD 21202

Title VP
Name KAPLAN, GARY S
Address 20 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

Continues on page 2

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 02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP, DIRECTOR
Name MITCHELL, ROXANNE L
Address 190 SOUTH LASALLE STREET
SUITE 3900
City-State-Zip: CHICAGO IL 60603

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

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

Title VP
Name MILLS, WILLIAM J
Address 300 EAST LOMBARD STREET
SUITE 1470
City-State-Zip: BALTIMORE MD 21202

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

Title DIRECTOR, VP
Name TUHY, PAUL I
Address 505 EAGLEVIEW BOULEVARD
SUITE 100
City-State-Zip: EXTON PA 19341

Title VP
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