

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819820

Entity Name: PROVIDENCE WASHINGTON INSURANCE COMPANY

Current Principal Place of Business:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886

Current Mailing Address:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886 US

FEI Number: 05-0204450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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 PRES
Name WOELLNER, D.E.
Address 475 KILVERT STREET
 SUITE 330
City-State-Zip: WARWICK RI 02886

Title CFO
Name NICHOLS, THOMAS J
Address 475 KILVERT STREET SUITE 330
City-State-Zip: WARWICK RI 02886

Title S
Name BALKAN, THOMAS
Address 7901 4TH STREET N SUITE 203
City-State-Zip: ST PETERSBURG FL 33702

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: D.E. WOELLNER

PRESIDENT

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date