

2020 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:** CHIEF FINANCIAL OFFICE

04/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES, CHAIRMAN, CEO, DIRECTOR
Name BROCKMAN, PAUL
Address 150 2ND AVENUE NORTH
3RD FLOOR
City-State-Zip: ST PETERSBURG FL 33701-3327

Title CORPORATE SECRETARY
Name BALKAN, THOMAS J.
Address 150 2ND AVENUE NORTH
3RD FLOOR
City-State-Zip: ST PETERSBURG FL 33701-3327

Title TREASURER & VP, DIRECTOR
Name REALI, TERESA
Address 475 KILVERT STREET, SUITE 330
City-State-Zip: WARWICK RI 02886

Title ASSISTANT SECRETARY
Name STAVENHAGEN, NADJA
Address 411 FIFTH AVENUE, 5TH FL.
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, CFO
Name MIU, JENNIFER
Address 411 FIFTH AVENUE
5TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, SVP
Name REDPATH, ROBERT
Address 411 FIFTH AVENUE
5TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, SVP
Name SEELINGER, RICHARD
Address 1111 THIRD AVENUE
SUITE 1450
City-State-Zip: SEATTLE WA 98101

Title SVP - TAX OFFICER
Name KOLKER, VYACHESLAV
Address HARBORSIDE 5- 185 HUDSON
STREET
SUITE 2600
City-State-Zip: JERSEY CITY NJ 07311

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: NADJA STAVENHAGEN

ASSISTANT SECRETARY 04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date