

**2019 FOREIGN PROFIT CORPORATION REINSTATEMENT**

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 OFFICE  
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

01/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name BROCKMAN, PAUL  
Address 475 KILVERT STREET  
SUITE 330  
City-State-Zip: WARWICK RI 02886

Title TREASURER & VP  
Name REALI, TERESA  
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

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

*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 01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date