

1.) CORPORATION NAME:

Greenwich Insurance Company

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0271066**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
PREFER	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: SEAVIEW HOUSE
70 SEAVIEW AVE

CITY/ST/ZIP: STAMFORD, CT 06902

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: SERAINA MAAG TITLE: P/CEO ADDRESS: 200 LIBERTY ST CITY/ST/ZIP/CO: 21ST FLOOR NEW YORK, NY 10281</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER F BUSE TITLE: SR VP ADDRESS: 70 SEAVIEW AVE CITY/ST/ZIP/CO: STAMFORD, CT 06902</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GABRIEL G CARINO TITLE: VP/T ADDRESS: 70 SEAVIEW AVE CITY/ST/ZIP/CO: STAMFORD, CT 06902</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TONI ANN PERKINS TITLE: VP/S ADDRESS: 70 SEAVIEW AVE CITY/ST/ZIP/CO: STAMFORD, CT 06902</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES MICHAEL NORRIS TITLE: SVP ADDRESS: 70 SEAVIEW AVE CITY/ST/ZIP/CO: STAMFORD, CT 06902</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAWN M DINKINS TITLE: VICE PRESIDENT ADDRESS: 70 SEAVIEW AVENUE CITY/ST/ZIP/CO: STAMFORD, CT 06902</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN CHRISTOPHER DOUGHERTY VICE PRESIDENT 100 WASHINGTON BLVD STAMFORD, CT 06902	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J GARCEAU VICE PRESIDENT 200 LIBERTY STREET NEW YORK, NY 10281	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN P GREENSPAN VICE PRESIDENT 70 SEAVIEW AVENUE STAMFORD, CT 06902	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID S HEWETT VICE PRESIDENT 300 EAST LOMBARD STREET SUITE 1470 BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY S KAPLAN VICE PRESIDENT 200 LIBERTY STREET NEW YORK, NY 10281	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G MCCARTY VICE PRESIDENT 70 SEAVIEW AVENUE STAMFORD, CT 06902	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J MILLS VICE PRESIDENT 300 EAST LOMBARD STREET SUITE 1470 BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROXANNE L MITCHELL VICE PRESIDENT 190 SOUTH LASALLE STREET SUITE 3900 CHICAGO, IL 60603	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW V O VICE PRESIDENT 505 EAGLEVIEW BOULEVARD SUITE 100 EXTON, PA 19341	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW J PINKES VICE PRESIDENT 100 CONSITUTION AVENUE HARTFORD, CT 06103	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROBERT M SHINE TITLE: VICE PRESIDENT ADDRESS: 200 LIBERTY STREET CITY/ST/ZIP/CO: NEW YORK, NY 10281	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN P WELCH TITLE: VICE PRESIDENT ADDRESS: 70 SEAVIEW AVENUE CITY/ST/ZIP/CO: STAMFORD, CT 06902	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW R WILL TITLE: VICE PRESIDENT ADDRESS: 70 SEAVIEW AVENUE CITY/ST/ZIP/CO: STAMFORD, CT 06902	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TODD D ZIMMERMAN TITLE: VICE PRESIDENT ADDRESS: 505 EAGLEVIEW BOULEVARD SUITE 100 CITY/ST/ZIP/CO: EXTON, PA 19341	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TONI ANN PERKINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TONI ANN PERKINS, VP/S PRINTED NAME AND CORPORATE TITLE	7/10/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		