

FO6000007430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

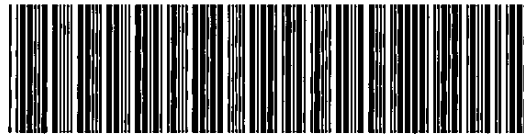
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W06-43397

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600080348806

11/30/06--01018--010 **18806.25

10/03/06--01008--002 **78.75

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2006 NOV 30 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Upper Hudson National Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeanne McKean

(Name of Person)

Upper Hudson National Insurance Company

(Firm/Company)

One Cablevision Center, P.O. Box 248

(Address)

Ferrisdale, NY 12734

(City/State and Zip code)

For further information concerning this matter, please call:

Jeanne McKean

(Name of Person)

at (845) 557-8074

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2006

JEANNE MCKEAN
PO BOX 248
FERNDALE, NY 12734

SUBJECT: UPPER HIDSON NATIONAL INSURANCE COMPANY
Ref. Number: W06000043397

We have received your document for UPPER HIDSON NATIONAL INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$34,821.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist

Letter Number: 706A00058612

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Upper Hudson National Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 13-2774172
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/27/73 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1974
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Cablevision Center, Ferndale, NY 12734
(Principal office address)

P.O. Box 248, Ferndale, NY 12734
(Current mailing address)

8. property & casualty insurance business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

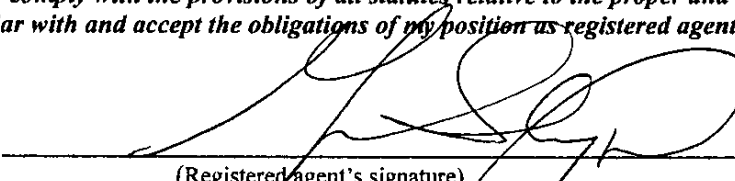
Name: George W. Sheffield Sr.

Office Address: 2384 Sadler Road

Fernandina Beach, FL, Florida 32034
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors: See attached.

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: George Marone

Address: One Cablevision Center
Ferndale, NY 12734

Ex. Vice President: Rober + Berman

Address: One Cablevision Center
Ferndale, NY 12734

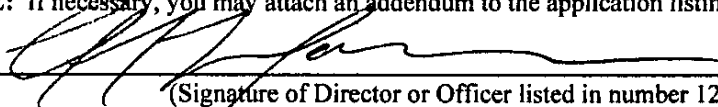
Secretary: Scott Kaniewski

Address: One Cablevision Center, Ferndale, NY 12734

Treasurer: Scott Kaniewski

Address: One Cablevision Center, Ferndale, NY 12734

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. George Marone, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of Officers and/or Directors:

George Marone
President/Director
One Cablevision Center
P.O. Box 248
Ferndale, NY 12734

Scott Kaniewski
CFT/Treasurer/Secretary/Director
One Cablevision Center
P.O. Box 248
Ferndale, NY 12734

Robert Berman
EVP/Director
One Cablevision Center
P.O. Box 248
Ferndale, NY 12734

Linda Barriger
Director
198 Bridgeville Road
Monticello, NY 12701

Owen Clough
Director
8210 Haven Harbor Way
Bradenton, FL 34212

Carl Ernstrom
Director
3324 Cynthia Drive
Binghamton, NY 13903

Lewis Klugman
Director
One Cablevision Center
Ferndale, NY 12734

Zane Morganstein
Director
39 Broadway
Woodridge, NY 12789

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TALLAHASSEE, FLORIDA

Cliff Rosenberry
Director
477 Ashford Avenue
Ardsley, NY 10502

Edward Schirick
Director
8 Prince Street
Monticello, NY 12701

Richard Schmidt
Director
201 Muriel Street
Ithaca, NY 14850

Christopher DuBois
Director
P.O. Box 190
South Fallsburg, NY 12779

David Twomey
Director
422 E. Main Road
Johnson City, NY 13760

Certificate of Good Standing

STATE OF NEW YORK
INSURANCE DEPARTMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

It is hereby certified that

UPPER HUDSON NATIONAL INSURANCE COMPANY
of Ferndale, New York

was incorporated under the Laws of the State of New York on December 27, 1973, under the title of MARINE INDEMNITY INSURANCE COMPANY OF AMERICA and was licensed to transact insurance business in the State of New York on January 01, 1974 ;

that it changed its name to UPPER HUDSON NATIONAL INSURANCE COMPANY on March 1, 2006.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance as specified in the paragraph(s) 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended) and has been continuously licensed and remains in good standing to the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the official seal of this Department at the City of
Albany, New York, this
15th day of September, 2006

HOWARD MILLS
Superintendent

By

Special Deputy Superintendent