

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007430

FILED
Apr 21, 2009
Secretary of State

Entity Name: UPPER HUDSON NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

4446 STATE RTE 42
SUITE B
MONTICELLO, NY 12701

New Principal Place of Business:

Current Mailing Address:

PO BOX 248
FERNDAL, NY 12734

New Mailing Address:

4446 STATE RTE 42
SUITE B
MONTICELLO, NY 12701

FEI Number: 13-2774175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, GEORGE W SR
2384 SADLER ROAD
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KANIEWSKI, SCOTT
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: D () Delete
Name: BERMAN, ROBERT
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: DS () Delete
Name: KANIEWSKI, STACEY
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: DT () Delete
Name: HARTMANN, LEE T
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: D () Delete
Name: APPEL, DONALD
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: D () Delete
Name: HOPSON, WILLIAM
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: WONG, ROBERT
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: DP (X) Change () Addition
Name: BERMAN, ROBERT
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: D (X) Change () Addition
Name: WARNER, ERIK
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT WONG

DS

04/21/2009

Electronic Signature of Signing Officer or Director

Date