

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007430

FILED
Mar 04, 2010
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:

4446 STATE RTE 42
SUITE B
MONTICELLO, NY 12701

New Mailing Address:

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: DS
Name: WONG, ROBERT
Address: 4446 STATE RTE 42, STE B
City-St-Zip: MONTICELLO, NY 12701

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

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

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

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

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

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: ROBERT WONG

SEC.

03/04/2010

Electronic Signature of Signing Officer or Director

Date