


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90202 046 \*\*\*150.00

<b>DOCUMENT # F96000006703</b> 1. Entity Name <b>HUDSON INSURANCE COMPANY</b>					
Principal Place of Business <b>22 CORTLANDT STREET 18TH FLOOR NEW YORK, NY 10007-3107</b>			Mailing Address <b>22 CORTLANDT STREET 18TH FLOOR NEW YORK, NY 10007-3107</b>		
2. Principal Place of Business <b>17 State Street</b>		3. Mailing Address Suite, Apt. #, etc. <b>29th Floor</b>			
City & State <b>New York, New York</b>		City & State <b>New York, New York</b>		4. FEI Number <b>13-5150451</b>	
Zip <b>10004</b> Country <b>USA</b>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MIGLIORINI, JAMES E</b> <b>22 CORTLANDT STREET 18TH FL</b> <b>NEW YORK, NY 100073107</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC</b> <b>SLOWSKI, ANTHONY</b> <b>300 FIRST STAMFORD PL</b> <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>GLEESON, MICHAEL P</b> <b>22 CORTLANDT STREET 18TH FL</b> <b>NEW YORK, NY 100073107</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCA</b> <b>BENNETT, ROBERT S</b> <b>300 FIRST STAMFORD PLACE</b> <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>LANCE, ANDREW S</b> <b>22 CORTLANDT STREET 18TH FLOOR</b> <b>NEW YORK, NY 100073107</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>SMITH, DONALD L.</b> <b>300 FIRST STAMFORD PLACE</b> <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____			<b>Peter H. Lovell</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/28/05</b> Daytime Phone # <b>(203)977-8000</b>		