


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90231 038 ***150.00

DOCUMENT # F96000006703 1. Entity Name HUDSON INSURANCE COMPANY					
Principal Place of Business 17 STATE STREET 29TH FLOOR NEW YORK, NY 10004			Mailing Address 22 CORTLANDT STREET 18TH FLOOR NEW YORK, NY 10007-3107		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address 17 State Street Suite, Apt. #, etc. 29th Floor City & State New York, New York Zip 10004		
Country USA			4. FEI Number 13-5150451		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIGLIORINI, JAMES E 22 CORTLANDT STREET 18TH FL NEW YORK, NY 100073107	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 State Street, 29th Floor New York, New York 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC SLOWSKI, ANTHONY 300 FIRST STAMFORD PL STAMFORD, CT 06902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 State Street, 29th Floor New York, New York 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GLEESON, MICHAEL P 22 CORTLANDT STREET 18TH FL NEW YORK, NY 100073107	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 State Street, 29th Floor New York, New York 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCA BENNETT, ROBERT S 300 FIRST STAMFORD PLACE STAMFORD, CT 06902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP LANCE, ANDREW S 22 CORTLANDT STREET 18TH FLOOR NEW YORK, NY 100073107	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 State Street, 29th Floor New York, New York 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SMITH, DONALD L. 300 FIRST STAMFORD PLACE STAMFORD, CT 06902	<input type="checkbox"/> Delete	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 exemptions contained 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 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 another like empowered.					
SIGNATURE: _____			Peter H. Lovell April 25, 2006 (203)977-8000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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VIA FEDERAL EXPRESS

April 20, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

RE: **Hudson Insurance Company**
2006 Annual Report

Dear Sir:

On behalf of Hudson Insurance Company, we have enclosed the 2006 Annual Report and a check in the amount of \$150 due, May 1, 2006.

If you have any questions in this regard, you may contact me directly at (203)940-8101.

Very truly yours,

Penny Ciascon
Statutory Compliance Manager

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