

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F96000006703**

1. Entity Name  
**HUDSON INSURANCE COMPANY**



Principal Place of Business

**17 STATE STREET  
29TH FLOOR  
NEW YORK, NY 10004**

Mailing Address

**17 STATE STREET  
29TH FLOOR  
NEW YORK, NY 10004**



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-5150451**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MIGLIORINI, JAMES E
STREET ADDRESS	17 STATE ST 29TH FLOOR
CITY- ST- ZIP	NEW YORK, NY 10004
TITLE	SVPC
NAME	SLOWSKI, ANTHONY
STREET ADDRESS	17 STATE ST 29TH FLOOR
CITY- ST- ZIP	NEW YORK, NY 10004
TITLE	SVP
NAME	GLEESON, MICHAEL P
STREET ADDRESS	17 STATE ST 29TH FLOOR
CITY- ST- ZIP	NEW YORK, NY 10004
TITLE	VCA
NAME	BENNETT, ROBERT S
STREET ADDRESS	300 FIRST STAMFORD PLACE
CITY- ST- ZIP	STAMFORD, CT 06902
TITLE	DSVP
NAME	LANCE, ANDREW S
STREET ADDRESS	17 STATE ST 29TH FLOOR
CITY- ST- ZIP	NEW YORK, NY 10004
TITLE	DVS
NAME	SMITH, DONALD L.
STREET ADDRESS	300 FIRST STAMFORD PLACE
CITY- ST- ZIP	STAMFORD, CT 06902

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** Peter H. Lovell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2007

Date

(203)977-8000

Daytime Phone #