

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006703

FILED
Mar 31, 2010
Secretary of State

Entity Name: HUDSON INSURANCE COMPANY

Current Principal Place of Business:

17 STATE STREET
29TH FLOOR
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

17 STATE STREET
29TH FLOOR
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 13-5150451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: SVP
Name: LOVELL, PETER H
Address: 300 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: SVPC
Name: SLOWSKI, ANTHONY
Address: 17 STATE ST 29TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: SVP
Name: GLEESON, MICHAEL P
Address: 17 STATE ST 29TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: EVP
Name: BENNETT, ROBERT S
Address: 300 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: SVP
Name: VERBICH, JOHN F
Address: 17 STATE ST 29TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: PD
Name: GALLAGHER, CHRISTOPHER L
Address: 17 STATE STREET
City-St-Zip: NEW YORK, NY 10004

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: PETER H. LOVELL

SVP

03/31/2010

Electronic Signature of Signing Officer or Director

Date