

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P22064 (0)

1. Corporation Name

AUDUBON INSURANCE COMPANY

Principal Place of Business

4150 SOUTH SHERWOOD FOREST BLVD.  
BATON ROUGE LA 70816-4368

Mailing Address

4150 SOUTH SHERWOOD FOREST BLVD.  
BATON ROUGE LA 70816-4368



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

12/09/1988

3a. Date of Last Report

03/21/1995

4. FET Number

72-0417091

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALLIGOOD, D.W.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE VD  
NAME CERAMI, JOHN A.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE SD  
NAME BROUSSARD, C.J.  
STREET ADDRESS 4150 SO. SHERWOOD FOREST BLVD  
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE TD  
NAME NORMAND, EARL J.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE AS  
NAME TUCK, ELIZABETH M.  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE V  
NAME HUBBARD, ROBERT P.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (504) 293-5900

CR2E034 (12/95)