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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 12/09/1988
3a. Date of Last Report: 03/25/1996
4. FEI 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLIGOOD, D.W.		1.2 NAME	
STREET ADDRESS	4150 S SHERWOOD FOREST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CERAMI, JOHN A.		2.2 NAME	
STREET ADDRESS	4150 S SHERWOOD FOREST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROUSSARD, C.J.		3.2 NAME	
STREET ADDRESS	4150 SO. SHERWOOD FOREST BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NORMAND, EARL J.		4.2 NAME	
STREET ADDRESS	4150 S SHERWOOD FOREST		4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TUCK, ELIZABETH M.		5.2 NAME	
STREET ADDRESS	70 PINE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HUBBARD, ROBERT P.		6.2 NAME	
STREET ADDRESS	4150 S SHERWOOD FOREST		6.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: _____ 3/5/97 (504) 293-5900