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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90136 032 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22064

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1988

4. FEI Number

72-0417091

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALLIGOOD, D.W.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-STATE ZIP BATON ROUGE LA

TITLE VD ☐ DELETE

NAME CERAMI, JOHN A.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-STATE ZIP BATON ROUGE LA

TITLE SD ☐ DELETE

NAME BROUSSARD, C.J.  
STREET ADDRESS 4150 SO. SHERWOOD FOREST BLVD  
CITY-STATE ZIP BATON ROUGE LA

TITLE TD ☐ DELETE

NAME NORMAND, EARL J.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-STATE ZIP BATON ROUGE LA

TITLE AS ☐ DELETE

NAME TUCK, ELIZABETH M.  
STREET ADDRESS 70 PINE STREET  
CITY-STATE ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME HUBBARD, ROBERT P.  
STREET ADDRESS 4150 S SHERWOOD FOREST  
CITY-STATE ZIP BATON ROUGE LA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

225-293-5900

CR2F034 (11/98)