2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P22064

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Entity Name: AUDUBON INSURANCE COMPANY

FILED Oct 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4150 SOUTH SHERWOOD FOREST BLVD. BATON ROUGE, LA 708164368 **Current Mailing Address: New Mailing Address:** 70 PINE STREET, 30TH FLOOR NEW YORK, NY 10270 FEI Number: 72-0417091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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: CHIEF FINANCIAL OFFICER Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KANE, WILLIAM P JR Name: Name: 4150 S SHERWOOD FOREST Address: Address: City-St-Zip: BATON ROUGE, LA 70816 City-St-Zip: Title: Title: () Delete (X) Change () Addition TIZZIO, THOMAS R R Name: Name: PATRIKIS, ERNEST T 70 PINE STREET 70 PINE STREET Address: Address: NEW YORK, NY 10270 NEW YORK, NY 10270 City-St-Zip: City-St-Zip: Title: SD () Delete Title: (X) Change () Addition BROUSSARD, C.J. BROUSSARD, C.J. Name: Name: 4150 SO. SHERWOOD FOREST BLVD 4150 SO. SHERWOOD FOREST BLVD Address: Address: BATON ROUGE, LA City-St-Zip: BATON ROUGE, LA City-St-Zip: Title: PD () Delete Title: C,PD (X) Change () Addition MOOR, KRISTIAN P MOOR, KRISTIAN P Name: Name: Address: 175 WALTER STREET Address: 175 WALTER STREET City-St-Zip: NEW YORK, NY 10038 City-St-Zip: NEW YORK, NY 10038

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SVP

HUBBARD, ROBERT P.

4150 S SHERWOOD FOREST

BATON ROUGE, LA 70816

SIGNATURE: ELIZABETH M. TUCK S 10/26/2005

() Delete

() Delete

4150 S SHERWOOD FOREST

BATON ROUGE, LA 70816

TUCK, ELIZABETH M.,

HUBBARD, ROBERT P.

70 PINE STREET

NEW YORK, NY

SVPD

() Change () Addition

(X) Change () Addition