

1.) CORPORATION NAME:

Upper Hudson National Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CORPORATION SERVICE COMPANY**
11 S 12TH ST
PO BOX 1463

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
NY

DUE DATE: **12/30/2010**

SCC ID NO: **F0282311**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	9,400

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4446 STATE ROUTE 42
SUITE B

CITY/ST/ZIP: MONTICELLO, NY 12701-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFFREY CAMP
TITLE: DIRECTOR
ADDRESS: 4446 STATE ROUTE 42, SUITE B
CITY/ST/ZIP/CO: MONTICELLO, NY 12701-

OFFICER DIRECTOR

NAME: ROBERT BERMAN
TITLE: DIRECTOR
ADDRESS: 4446 STATE ROUTE 42, SUITE B
CITY/ST/ZIP/CO: MONTICELLO, NY 12701-

OFFICER DIRECTOR

NAME: DONALD APPEL
TITLE: TREASURER
ADDRESS: 4446 STATE ROUTE 42, SUITE B
CITY/ST/ZIP/CO: MONTICELLO, NY 12701-

OFFICER DIRECTOR

NAME: JOHN GALLAGHER, ESQ.
TITLE: DIRECTOR
ADDRESS: 4446 STATE ROUTE 42, SUITE B
CITY/ST/ZIP/CO: MONTICELLO, NY 12701-

OFFICER DIRECTOR

NAME: GLENN GOORD
TITLE: DIRECTOR
ADDRESS: 4446 STATE ROUTE 42, SUITE B
CITY/ST/ZIP/CO: MONTICELLO, NY 12701-

OFFICER DIRECTOR

NAME: BARBARA CARABALLO TITLE: DIRECTOR ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW WOHL TITLE: DIRECTOR ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS VACCO, ESQ. TITLE: DIRECTOR ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT SHAPIRO, ESQ. TITLE: SECRETARY ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY SKIDELSKY, ESQ. TITLE: DIRECTOR ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WONG TITLE: PRESIDENT ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARLO HENDERSON TITLE: DIRECTOR ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEWIS KLUGMAN TITLE: DIRECTOR ADDRESS: 4446 STATE ROUTE 42, SUITE B CITY/ST/ZIP/CO: MONTICELLO, NY 12701-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT WONG	ROBERT WONG, PRESIDENT	1/24/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.