## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005676

Entity Name: HILB ROGAL & HOBBS OF NORTHERN NEW ENGLAND, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
31 COURT STREET AUBURN, ME 042120040					
Current Mailing Address:			New Mailing Address:		
P.O. BOX 40 AUBURN, ME 042120040					
FEI Number:	01-0385178	FEI Number Applied For ( ) FEI Num	nber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:					
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P ( ) LUNDGREN, DE 31 COURT STRE AUBURN, ME 04	EET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () KRUG, DAVID L 31 COURT STRE AUBURN, ME 04		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition KRUG, DAVID L 31 COURT STREET AUBURN, ME 042120040	
Title: Name: Address: City-St-Zip:	SMITH, WALTER	OK DRIVE, SUITE 400	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition SMITH, WALTER L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	
Title: Name: Address: City-St-Zip:	JONES, CAROL	OK DRIVE, SUITE 400	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition JONES, CAROLYN 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	
Title: Name: Address: City-St-Zip:	CD () DUNLAP, STEPH 31 COURT STRE AUBURN, ME 04	EET	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition BROWN, CARLA M 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	
Title: Name: Address: City-St-Zip:	KORMAN, TIMO	OK DRIVE, SUITE 400	Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition KORMAN, TIMOTHY J 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: WALTER L. SMITH S 04/21/2008