

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90430 031 ***150.00

DOCUMENT # F94000005865 1. Entity Name HUB INTERNATIONAL PERSONAL INSURANCE LTD. CORP.					
Principal Place of Business 3 MOUNTAIN VIEW RD., 3RD FLOOR WARREN, NJ 07059			Mailing Address 3 MOUNTAIN VIEW RD., 3RD FLOOR WARREN, NJ 07059		
2. Principal Place of Business 55 EAST JACKSON BLVD Suite, Apt. #, etc.		3. Mailing Address 55 EAST JACKSON BLVD Suite, Apt. #, etc.			
City & State CHICAGO, IL Zip 60604 Country		City & State CHICAGO, IL Zip 60604 Country		4. FEI Number 22-2531846	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZORTMAN, KATHLEEN 8 MOUNTAIN VIEW RD WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES P. KADE 55 EAST JACKSON BLVD CHICAGO, IL 60604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACANESA, ANDREW W 15 MOUNTAIN VIEW RD WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY W. KIRK JAMES 55 EAST JACKSON BLVD CHICAGO, IL 60604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORDSTROM, DOUGLAS A 15 MOUNTAIN VIEW RD WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KATHLEEN O. ZORTMAN 2 CORNELL DRIVE BEERSLEY HEIGHTS, NJ 07922	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIDWELL, JON C 15 MOUNTAIN VIEW RD. WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTIN HUGHES 55 EAST JACKSON BLVD CHICAGO, IL 60604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, GLENN 15 MOUNTAIN VIEW RD. WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD GULLIVER 55 EAST JACKSON BLVD CHICAGO, IL 60604	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> KATHLEEN O. ZORTMAN, COO			Date 4/20/06 Daytime Phone # 908/790-6960		