2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# F94000005865

Entity Name: HUB INTERNATIONAL PERSONAL INSURANCE LTD. CORP.

Current Principal Place of Business:

55 E JACKSON BLVD
CHICAGO, IL 60604

New Principal Place of Business:

Current Mailing Address:

55 E JACKSON BLVD
CHICAGO, IL 60604

New Mailing Address:

FEI Number: 22-2531846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KANE, JAMES P
Address: 55 E JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

Title: VPAS ( ) Delete
Name: JAMES, W. KIRK
Address: 55 E JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

Title: VPS ( ) Delete
Name: PAINE, MARIANNE D
Address: 55 E JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

Title: D ( ) Delete
Name: HUGHES, MARTIN
Address: 55 E JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

Title: D ( ) Delete
Name: GULLIVER, RICHARD
Address: 55 E JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

Title: VP (X) Delete
Name: SCAVETTA, PETER L
Address: 55 E JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIANNE D. PAINE VPS 07/08/2008

Electronic Signature of Signing Officer or Director Date