


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H10624		
1. Entity Name HUNT INSURANCE GROUP, INC.		

FILED
05 JUN 16 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 20 2005

Principal Place of Business C/O JOHN E HUNT, JR. 2324 CENTERVILLE RD. TALLAHASSEE, FL 32308-4318	Mailing Address 4951 LAKE BROOK DRIVE SUITE 500 GLEN ALLEN, VA 23060
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05092005 Chg-P CR2E034 (10/03)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2422893	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HUNT, JOHN E JR 2324 CENTERVILLE RD TALLAHASSEE, FL 323084318 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGAL, ANDREW L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, CAROLYN 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, WALTER L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KORMAN, TIMOTHY J 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAUGHAN, MARTIN L III 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Carla M. Brown 17 Valley River Ave. Murphy NC 28906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300056391713 06/21/05--01036--007 **550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date: 5/10/05	Daytime Phone #: 828-835-8185
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