

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006420

FILED
Apr 17, 2006
Secretary of State

Entity Name: HILB ROGAL & HOBBS OF OHIO, LLC

Current Principal Place of Business:

2245 NORTH BANK DRIVE
COLUMBUS, OH 43220

New Principal Place of Business:

Current Mailing Address:

2245 NORTH BANK DRIVE
COLUMBUS, OH 43220

New Mailing Address:

FEI Number: 06-1495306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, WALTER L
Address: 4951 LAKE BROOK DRIVE, SUITE 500
City-St-Zip: GLEN ALLEN, VA 23060

Title: MGR () Delete
Name: KORMAN, TIMOTHY J
Address: 4951 LAKE BROOK DRIVE, SUITE 500
City-St-Zip: GLEN ALLEN, VA 23060

Title: MGR () Delete
Name: VAUGHAN, MARTIN L III
Address: 4951 LAKE BROOK DRIVE, SUITE 500
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WALTER L. SMITH

MGR

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date