

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005216

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** HUB INTERNATIONAL NEW ENGLAND, LLC

**Current Principal Place of Business:**

299 BALLARDVALE STREET  
WILMINGTON, MA 01887

**New Principal Place of Business:**

**Current Mailing Address:**

299 BALLARDVALE STREET  
WILMINGTON, MA 01887

**New Mailing Address:**

55 E. JACKSON BLVD.  
FLOOR 14A  
CHICAGO, IL 60604

**FEI Number:** 04-2623673

**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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUB INSURANCE PARTNE, RS  
Address: 299 BALLARDVALE STREET  
City-St-Zip: WILMINGTON, MA 01887

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUB INTERNATIONAL U., S. HOLDINGS IN C .  
Address: 55 E. JACKSON BLVD., FLOOR 14A  
City-St-Zip: CHICAGO, IL 60604

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 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: JASON ROMICK

VP

03/06/2009

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