2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# P06000087485

Entity Name: FORTUN INSURANCE, INC.

Current Principal Place of Business:

C/O HUB INTERNATIONAL LIMITED
55 EAST JACKSON BLVD
CHICAGO, IL 60604

New Principal Place of Business:

365 PALERMO AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

C/O HUB INTERNATIONAL LIMITED
55 EAST JACKSON BLVD
CHICAGO, IL 60604

New Mailing Address:

365 PALERMO AVENUE
CORAL GABLES, FL 33134

FEI Number: 20-5182272 **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:

VILLANUEVA, BAJANDAS & FITZGERALD, LLP
1000 BRICKELL AVENUE
STE 200
MIAMI, FL 33131 US

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: RICARDO BAJANDAS 05/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FORTUN, HECTOR D
Address: 365 PALERMO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: DVPS (X) Delete
Name: JAMES, KIRK
Address: 55 EAST JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

Title: VP (X) Delete
Name: ROMICK, JASON M
Address: 55 EAST JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

Title: VPT (X) Delete
Name: GOLDSMITH, DANIEL
Address: 55 EAST JACKSON BLVD
City-St-Zip: CHICAGO, IL 60604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: FORTUN, HECTOR D
Address: 365 PALERMO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: RICARDO BAJANDAS RA 05/05/2009
Electronic Signature of Signing Officer or Director Date