2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# P06000096529

Entity Name: ABCO INSURANCE UNDERWRITERS, INC.

Current Principal Place of Business:

% HUB INTERNATIONAL LIMITED
55 EAST JACKSON BOULEVARD
CHICAGO, IL 60604

New Principal Place of Business:

Current Mailing Address:

% HUB INTERNATIONAL LIMITED
55 EAST JACKSON BOULEVARD
CHICAGO, IL 60604

New Mailing Address:

FEI Number: 20-5270442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O 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

OFFICERS AND DIRECTORS:

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

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

Title: DSVP ( ) Delete
Name: PAINE, MARIANNE D
Address: 55 EAST JACKSON BOULEVARD
City-St-Zip: CHICAGO, IL 60604

Title: VPT ( ) Delete
Name: SCAVETTA, PETER L
Address: 55 EAST JACKSON BOULEVARD
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: VPT (X) Change ( ) Addition
Name: FUSARO, ANGELO
Address: 55 EAST JACKSON BOULEVARD
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 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 DSVP 08/20/2008

Electronic Signature of Signing Officer or Director — Date