

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000096529

**FILED**  
**May 05, 2009**  
**Secretary of State****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:**365 PALERMO AVENUE  
CORAL GABLES, FL 33134**Current Mailing Address:**% HUB INTERNATIONAL LIMITED  
55 EAST JACKSON BOULEVARD  
CHICAGO, IL 60604**New Mailing Address:**365 PALERMO AVENUE  
CORAL GABLES, FL 33134**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:**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 AVE.  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** DVPS (X) Delete  
**Name:** JAMES, KIRK  
**Address:** 55 EAST JACKSON BOULEVARD  
**City-St-Zip:** CHICAGO, IL 60604**Title:** VP (X) Delete  
**Name:** ROMICK, JASON M  
**Address:** 55 EAST JACKSON BOULEVARD  
**City-St-Zip:** CHICAGO, IL 60604**Title:** VPT (X) Delete  
**Name:** GOLDSMITH, DANIEL  
**Address:** 55 EAST JACKSON BOULEVARD  
**City-St-Zip:** CHICAGO, IL 60604**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PDS (X) Change ( ) Addition  
**Name:** FORTUN, HECTOR D  
**Address:** 365 PALERMO AVE.  
**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