No. C 128020		Due no later than Mar 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HUB - BHJ INSURANCE, INC. 101 S MAIN ST SHERIDAN WY 82801		1401 SHORELINE DRIVE STE 2 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					J	J	
4. Corporations: Enter I	Names and Busin	ess Addresses of Pro	esident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	NT TIMOTHY BARNES		101 S. MAIN STREET	SHERIDAN	WY	USA	82801
DIRECTOR TIMOTHY BAR		ARNES	101 S. MAIN STREET	SHERIDAN	WY	USA	82801
DIRECTOR ROY H TAYLOR		LOR	4371 LATHAM STREET SUITE 101	RIVERSIDE	NM	USA	92501
DIRECTOR	MARTIN P HUGHES		55 EAST JACKSON BLVD.	CHICAGO	IL	USA	60604
DIRECTOR	R MARIANNE D PAINE		55 EAST JACKSON BOULEVARD	CHICAGO	IL	USA	60604
SECRETARY	MARIANNE [) PAINE	55 EAST JACKSON BOULEVARD	CHICAGO	IL	USA	60604
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WYOMING		Signature: Maria	Date: 02/01/2007				
C 128020		Name (type or p		Title: Secretary			
Processed 02/01/2007		* Electronically provided signatures are accepted as original signatures.					