

1.) CORPORATION NAME:

Hub International Midwest Limited

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1526526**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 55 E JACKSON BLVD

CITY/ST/ZIP: CHICAGO, IL 60604

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	NEIL HUGHES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	55 E JACKSON BLVD		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604		

NAME:	W KIRK JAMES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 N. LASALLE STREET		
CITY/ST/ZIP/CO:	17TH FLOOR CHICAGO, IL 60654		

NAME:	PHILIP ADLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 N. LASALLE STREET		
CITY/ST/ZIP/CO:	17TH FLOOR CHICAGO, IL 60654		

NAME:	JASON M ROMICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	300 N. LASALLE STREET		
CITY/ST/ZIP/CO:	17TH FLOOR CHICAGO, IL 60654		

NAME:	JOSEPH HYDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	300 N. LASALLE STREET		
CITY/ST/ZIP/CO:	17TH FLOOR CHICAGO, IL 60654		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M ALBRIGHT SECRETARY 300 N. LASALLE STREET 17TH FLOOR CHICAGO, IL 60654	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A GULLIVER DIRECTOR 300 N. LASALLE STREET 17TH FLOOR CHICAGO, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN HUGHES DIRECTOR 300 N. LASALLE STREET 17TH FLOOR CHICAGO, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PHILIP ADLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PHILIP ADLER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/11/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			