



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

**STAMP**  
 RECEIVED  
 STATE DEPT.  
 2021 MAR 30 P 10

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000156082		2. Exact name of the Corporation Hub International Midwest Limited			
3. Principal Office Address 55 E. Jackson Blvd.			City Chicago	State IL	Zip 60604
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance Brokerage Services			
5. State of Incorporation Indiana					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Carolyn Hofstee			Vice-President Name Robert Knowles		
Street Address 55 E Jackson Blvd			Street Address 300 N. LaSalle Street, 17th Floor		
City Chicago	State IL	Zip 60604	City Chicago	State IL	Zip 60654
Secretary Name John M. Albright			Treasurer Name Michael A. Gallanis		
Street Address 300 N. LaSalle Street, 17th Floor			Street Address 300 N. LaSalle Street, 17th Floor		
City Chicago	State IL	Zip 60654	City Chicago	State IL	Zip 60654
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John M. Albright			Director Name Robert J. Sajdak		
Street Address 300 N. LaSalle Street, 17th Floor			Street Address 300 N. LaSalle Street, 17th Floor		
City Chicago	State IL	Zip 60654	City Chicago	State IL	Zip 60654
Director Name Kenneth S. DeVries			Director Name		
Street Address 300 N. LaSalle Street, 17th Floor			Street Address		
City Chicago	State IL	Zip 60654	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		5,000		Common	0.0000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative JOHN M. ALBRIGHT				Date 29/03/2021	
Signature of Authorized Representative <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div>					

MAR 30 2021  
 23635 A.A.