

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90081 040 ***150.00

DOCUMENT # G37742

1. Corporation Name
EMPLOYERS' RISK MANAGEMENT, INC.



Principal Place of Business
402 43RD ST W
BRADENTON FL 34209

Mailing Address
1016 W. 9TH AVE.
ATTN: TAX DEPT. Legal Dept.
KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1983

4. FEI Number
59-2310400

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME SCHUBERT, THOMAS D
STREET ADDRESS 1016 W 9TH AVE
CITY-ST-ZIP KING OF PRUSSIA PA 19406

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2621 Van Buren Ave.
1.4 CITY-ST-ZIP Norristown PA 19403

TITLE VD ☒ DELETE
NAME LOCILENTO, ARTHUR
STREET ADDRESS 1016 W. 9TH AVE.
CITY-ST-ZIP KING OF PRUSSIA PA 19406

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VP, D
2.3 STREET ADDRESS Gwen A. Kerr
2.4 CITY-ST-ZIP 2621 Van Buren Ave
Norristown PA 19403

TITLE SV ☒ DELETE
NAME MARTINO, MARIE
STREET ADDRESS 1016 W. 9TH AVE.
CITY-ST-ZIP KING OF PRUSSIA PA 19406

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Richards, Binstern
3.3 STREET ADDRESS 2621 Van Buren Ave
3.4 CITY-ST-ZIP Norristown PA 19403

TITLE DP ☐ DELETE
NAME HULBER, LOREN J
STREET ADDRESS 1016 W 9 AVE
CITY-ST-ZIP KING OF PRUSSIA PA 19406

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 2621 Van Buren Ave
4.4 CITY-ST-ZIP Norristown PA 19403

TITLE V ☐ DELETE
NAME BOYD, JAMES
STREET ADDRESS 1016 W 9 AVE
CITY-ST-ZIP KING OF PRUSSIA PA 19406

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 2621 Van Buren Ave
5.4 CITY-ST-ZIP Norristown PA 19403

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)