2000 UNIFORM BUSINESS REPORT (UBR)

pg. 1 of 2

DOCUMENT # G-37742

1. Entity Name: Employers' Risk Management, Inc.

FILED

00 APR 25 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
402 43rd St. West	2621 VAN BUREN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: NORRISTOWN PA
Zip: 34209 Country:	Zip: 19403 Country: USA

4. FEI Number: 59-2310400 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ DATE
Signature, type or print name of registered agent, and title if applicable. NOTE: Registered Agent's signature required by Florida law.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete See Attached	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO CRAIG P. COY 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC. V.P AVEN A. KERR 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTINA D. HARRIS 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDWIN A. NEUMANN 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003246076--2 -05/10/00--01012--004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.193, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN A. NEUMANN 4/5/2000 610-650-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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

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PROFIT CORPORATION ANNUAL REPORT

1999

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

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 Qualifed
05/10/1983

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-2310400
☐ Applied For
☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	11 TITLE		☑ Change ☐ Addition
NAME	SCHUBERT, THOMAS D		12 NAME		
STREET ADDRESS	1016 W 9TH AVE		13 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		14 CITY-ST-ZIP	Norristown PA 19403	
TITLE	VD	☒ DELETE	21 TITLE	VP, D	☐ Change ☒ Addition
NAME	LOCILENTO, ARTHUR		22 NAME	Allen A. Kerr	
STREET ADDRESS	1016 W. 9TH AVE.		23 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		24 CITY-ST-ZIP	Norristown PA 19403	
TITLE	SV	☒ DELETE	31 TITLE	S	☐ Change ☒ Addition
NAME	MARTINO, MARIE		32 NAME	Richard S. Binstein	
STREET ADDRESS	1016 W. 9TH AVE.		33 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		34 CITY-ST-ZIP	Norristown PA 19403	
TITLE	DP	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	HULBER, LOREN J		42 NAME		
STREET ADDRESS	1016 W 9 AVE		43 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		44 CITY-ST-ZIP	Norristown PA 19403	
TITLE	V	☐ DELETE	51 TITLE		☑ Change ☐ Addition
NAME	BOYD, JAMES		52 NAME		
STREET ADDRESS	1016 W 9 AVE		53 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		54 CITY-ST-ZIP	Norristown PA 19403	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E031 (11/98)

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] Richard S. Binstein 1/11/99 610/992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #