

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90038 019 \*\*\*150.00

**DOCUMENT # H88285**

1. Entity Name  
E.R.J. INSURANCE GROUP, INC.



Principal Place of Business  
701 WATERFORD WAY  
SUITE 480A  
MIAMI, FL 33126-4669

Mailing Address  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FL 32224-6688

40014058



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-2604709

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERE, GARY  
ALLSTATE-WORKPLACE DIVISION  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD WANDERON, ANTON	<input type="checkbox"/> Delete
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322246688	
TITLE NAME	S STERE, GARY SCOTT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322246688	
TITLE NAME	VP CRIADO, COURTNEY	<input type="checkbox"/> Delete
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322246688	
TITLE NAME	D GUIDOS, GREGORY JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322246688	
TITLE NAME	D GUIDOS, GREGORY JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322246688	
TITLE NAME	T VERNEY, STEVEN C	<input type="checkbox"/> Delete
STREET ADDRESS	2775 SANDERS ROAD A2	
CITY-ST-ZIP	NORTHBROOK, IL 60062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	VICE PRESIDENT JACKIE A. BANKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1776 American Heritage Life Dr.	
CITY-ST-ZIP	Jacksonville, Florida 32224	
TITLE NAME	CHAIRMAN CHUCK N. PAUL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2775 SANDERS Rd. A2	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE NAME	DIRECTOR John W. Micheli	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2775 SANDERS Rd. A2	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE NAME	DIRECTOR Steven E. Shebik	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2775 SANDERS Rd A2	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE NAME	SECRETARY MARY J. McGINN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2775 SANDERS Rd A2	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

1/22/2008 904-992-3212  
Date Daytime Phone #