2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 19, 2008
Secretary of State

DOCUMENT# P05000034817

Entity Name: EMPLOYER'S RISK MANAGEMENT ALLIANCE, INC

Current Principal Place of Business:

871 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

871 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-2498834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN, P.L.
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SIHLE INSURANCE GROUP INC
871 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 US

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: GERALD K. SIHLE 05/19/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIHLE, GERALD K
Address: 871 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: SIHLE, KENNETH G
Address: 871 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete
Name: SIHLE, MICHAEL
Address: 871 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD K. SIHLE P 05/19/2008
Electronic Signature of Signing Officer or Director Date