

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034817

FILED  
Mar 04, 2009  
Secretary of State

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:

1021 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

871 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

1021 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:

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

## Name and Address of New Registered Agent:

SIHLE INSURANCE GROUP INC  
1021 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:

03/04/2009

Electronic Signature of Registered Agent

Date

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: P (X) Change ( ) Addition  
Name: SIHLE, GERALD K  
Address: 1021 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition  
Name: SIHLE, KENNETH G  
Address: 1021 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Change ( ) Addition  
Name: SIHLE, MICHAEL  
Address: 1021 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

03/04/2009

Electronic Signature of Signing Officer or Director

Date