2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State DOCUMENT # P10240 1. Entity Name 05-02-2006 90279 001 *3,611.25 ERA GENERAL AGENCY CORPORATION Principal Place of Business Mailing Address DDUTADAA 1 CAMPUS DR 1 CAMPUS DR PARSIPPANY NY 07054 PARSIPPANY NY 07054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FFI Number Applied For 48-0824690 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete Change Addition NAME BUCKMAN, JAMES E NAME STREET ADDRESS 9 W 57TH ST, 37TH FL STREET ADDRESS CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME SMITH, RICHARD A NAME STREET ADDRESS 1 CAMPUS DR STREET ADDRESS CITY-ST-ZIP PARSIPPANY NY 07054 CITY-ST-ZIP VΤ ☐ Delete TITLE Change Addition NAME WYSHNER, DAVID B T NAME STREET ADDRESS 1 CAMPUS DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PARSIPPANY NY 07054 TITLE ☐ Delete ☐ Change Addition TITLE HUBER, JOSEPH NAME NAME STREET ADDRESS 1 CAMPUS DR STREET ADDRESS PARSIPPANY NY 07054 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

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SIGNATURE M									

CHY-SI-7P

OF SIGNING OFFICER OR DIRECTOR

4/20/06

Daytime Phone #

FILED

ATTACHMENT 66013669

ERA General Agency Corporation

Officers

Eric J. Bock

Executive Vice President and Secretary

Primary Address:

9 West 57th Street

37th Floor

New York, NY 10019

Anthony E. Hull

Executive Vice President

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

C. Patteson Cardwell IV

Senior Vice President and Assistant

Secretary

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Thomas J. Freeman

Senior Vice President

Primary Address:

6 Sylvan Way

Parsippany, NJ 07054 (USA)

John T. McClain

Senior Vice President

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Richard S. Meisner

Senior Vice President and Assistant

Secretary

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Andrew G. Napurano

Senior Vice President

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Mark E. Costello

Vice President and Assistant Secretary

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Susan M. Danino

Vice President

Primary Address:

10 Sylvan Way

Parsippany, NJ 07054

Bruce Dolin

Vice President

Primary Address:

Dolin Insurance Associates, Inc.

P.O. Box 1730

67 Home Avenue

Rutherford, New Jersey 07070-0730

ATTACHMENT 106013669

Lynn A. Feldman

Vice President and Assistant Secretary

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Kevin Monaco

Vice President and Assistant Treasurer

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Anne Morrison

Vice President and Assistant Secretary

Primary Address:

1 Campus Drive

Parsippany, NJ 07054

Jean Marie Sera

Vice President and Assistant Secretary

Primary Address:

1 Campus Drive

Parsippany, NJ 07054