


2004 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

DOCUMENT # P93000044222		
1. Entity Name EVERINSURANCE, INC.		

FILED

04 FEB -2 PM 1:28

Principal Place of Business 8100 NATIONS WAY JACKSONVILLE, FL 32256 US	Mailing Address 8100 NATIONS WAY JACKSONVILLE, FL 32256 US
--	--

01/09/04 90068 048 25010



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3207282	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	
---	--

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	(NOTE: Registered Agent Signature required when registering)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD MEEKS, GARY A 8100 NATIONS WAY JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEVLIN, ROBERT A 8100 NATIONS WAY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOSTER, MICHAEL C 8100 NATIONS WAY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chief Executive Officer and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAKE, WILSON W 8100 NATIONS WAY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chairman & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRANZ, MICHAEL E 8100 NATIONS WAY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAJDA, THOMAS A 8100 NATIONS WAY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President / General Counsel & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip Code: 32256

12. 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 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: <u>Thomas A Hajda</u>	Date: <u>1/6/04</u>	Daytime Phone #: <u>904-281-6000</u>
----------------------------------	---------------------	--------------------------------------

EVERINSURANCE, INC.

OFFICERS

W. Blake Wilson
Michael C. Koster
Dennis M. Boyle
Mary Lee Lacey
Mark G. Baum

Amy C. Grable
Alicia W. Reid
Ann Johnson
Molly O. Brito

Chairman & CFO
Chief Executive Officer & President
Senior Vice President
Vice President
Vice President, Corporate & Securities Counsel, Assistant
Secretary
VP, Sr. Litigation Counsel & Assistant Secretary
VP, Corporate Counsel & Assistant Secretary
Assistant Vice President
Assistant Secretary