

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044222

Entity Name: EVERINSURANCE, INC.

FILED
Mar 24, 2010
Secretary of State

Current Principal Place of Business:

8100 NATIONS WAY
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8100 NATIONS WAY
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3207282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP
Name: BOYLE, DENNIS M
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: SHEVLIN, ROBERT A
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: DP
Name: KOSTER, MICHAEL C P-COO
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: C
Name: WILSON, W BLAKE CFO
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: T
Name: SMILEY, JEFFREY
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: HAJDA, THOMAS A SVP
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: DENNIS M. BOYLE

SVP

03/24/2010

Electronic Signature of Signing Officer or Director

Date