2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2011
Secretary of State

DOCUMENT# P93000044222

Entity Name: EVERINSURANCE, INC.

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

OFFICERS AND DIRECTORS:

Title: VP
Name: BOYLE, DENNIS M
Address: 501 RIVERSIDE AVE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: SEC
Name: HAJDA, THOMAS
Address: C/O EVERBANK, 501 RIVERSIDE
City-St-Zip: JACKSONVILLE, FL 32202

Title: DCFO
Name: WILSON, W. BLAKE
Address: C/O EVERBANK, 501 RIVERSIDE
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: MANDELINE HENDRICKS POA 04/09/2011

Electronic Signature of Signing Officer or Director Date