

1.) CORPORATION NAME:

EverInsurance, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **F1602095**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8100 NATIONS WAY

CITY/ST/ZIP: JACKSONVILLE, FL 32256-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL C KOSTER
TITLE: CEO/PRES
ADDRESS: 8100 NATIONS WAY
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256-

OFFICER

DIRECTOR

NAME: DENNIS M BOYLE
TITLE: VICE PRESIDENT
ADDRESS: 501 RIVERSIDE AVE
12TH FLOOR
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

NAME: THOMAS HAJDA
TITLE: SECRETARY
ADDRESS: C/O EVERBANK
501 RIVERSIDE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

NAME: W. BLAKE WILSON
TITLE: CFO
ADDRESS: C/O EVERBANK
501 RIVERSIDE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DENNIS M BOYLE
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DENNIS M BOYLE, VICE
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

9/14/2011
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.