

1.) CORPORATION NAME:

E.R.J. INSURANCE GROUP, INC. SERVICES (USED IN VABY: E.R.J. INSURANCE GROUP, INC.)

DUE DATE: **4/30/2013**

SCC ID NO: **F1706227**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9850 NW 41ST STREET
STE 300

CITY/ST/ZIP: DORAL, FL 33178

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:	DOUGLAS J HERBERGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1776 AMERICAN HERITAGE LIFE DR		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32224		

NAME:	RUSSELL OCA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1776 AMERICAN HERITAGE LIFE DR		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32224		

NAME:	MARIO RIZZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3075 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

NAME:	DONALD J BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2775 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

NAME:	MARY J MGINN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3075 SANDERS RD STE.G5A		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

NAME:	THOMAS GOLDSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3075 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

NAME:	MICHAEL S HURLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 AMERICAN HERITAGE LIFE DR		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32224		

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/ RUSSELL OCA	RUSSELL OCA, VICE PRESIDENT	2/28/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.