No. <b>C 163114</b>		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  E.R.J. INSURANCE GROUP, INC.  OFELIALI B BREVALDO  1776 AHL DR  JACKSONVILLE FL 32224		921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	mes and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DAVID R BORDER		2775 SANDERS ROAD	NORTHBROOK	IL	USA	60062
PRESIDENT	DAVID R BORDER		2775 SANDERS ROAD	NORTHBROOK	IL	USA	60062
DIRECTOR	MICHAEL S HURLEY		1776 AHL DRIVE BUILDING B	JACKSONVILLE	FL	USA	32224-6688
VICE PRESIDENT	JAMES A DEAN		1776 AMERICAN HERITAGE LIFE DR	JACKSONVILLE	FL	USA	32224-6688
VICE PRESIDENT	RUSSELL P	OCA	1776 AMERICAN HERITAGE LIFE DR	JACKSONVILLE	FL	USA	32224-6688
VICE PRESIDENT	JACKIE A BANKS		1776 AMERICAN HERITAGE LIFE DR	JACKSONVILLE	FL	USA	32224
VICE PRESIDENT	MICHAEL S HURLEY		1776 AMERICAN HERITAGE LIFE DR	JACKSONVILLE	FL	USA	32224
DIRECTOR	MARIO RIZZO		3075 SANDERS ROAD	NORHBROOK	IL	USA	60062
SECRETARY	SUSAN L LEES		3075 SANDERS ROAD	NORTHBROOK	IL	USA	60062
VICE PRESIDENT	DOUGLAS J FREY		1776 AMERICAN HERITAGE LIFE DR	JACKSONVILLE	FL	USA	32224
TREASURER	JESSE E ME	RTEN	3075 SANDERS ROAD	NORTHBROOK	FL	USA	60062
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
RL.		Signature: Ofeliali B Brevaldo		Date: 09/07/2016			
C 163114		Name (type or print): Ofeliali B Brevaldo Title: Compliance Analyst II					
Processed 09/07/2016		* Electronically pr	ovided signatures are accepted as original sign	natures.			