No. <b>C 163114</b>		Due no later than Oct 31, 2007 Annual Report Form  1. Mailing Address: Correct in this box if needed.  E.R.J. INSURANCE GROUP, INC.  CREDIT/ANN TOPETE  1776 AHL DR  JACKSONVILLE FL 32224		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83701  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine			tary and Directors Treasurer	(ontional)			
	Name		or PO Address	City	State	Country	Postal Code
			HL DR HL DR	JACKSONVILLE JACKSONVILLE	FL FL	USA USA	32224 32224
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL.		Signature: Anton Wanderon			Date: 08/23/2007		
C 163114		Name (type or print): Anton Wanderon			Title: President		
Processed 08/23/2007 * Electronically provided signatures are accepted as original signatures.							