# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEME
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	File

### ENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	d Address of SON J M	Reporting Person							ERIC		CORP [	<b>A</b>	AME ]		Check		licable)	y reison(s) to	
(Last) 4370 PE	(Fii	rst) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/18/2008									X X		er (give title v)		Owner r (specify v)	
(Street)			30319-30	54	4. If A	If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicabl Line)     X Form filed by One Reporting Person				
(City)	(St	ate) (	(Zip)												Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriva	ative S	Secu	ıritie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally (	Owne	ed		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						4 and Se Be Ov		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	Code V Amount			(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock															8	78,847	D	
Common	Stock <sup>(1)</sup>															1	8,525	I	401(k) Plan
Common	Stock															30	00,000	I	By Delta Fire & Casualty Ins. Co.
Common	Stock															94	46,702	I	By Delta Life Ins. Co.
Common	Common Stock <sup>(2)</sup>		04/18/2008				P		10,000		A	\$1.	718	3,756,646		I	By Gulf Capital Services		
Common	Stock <sup>(3)</sup>															8,673,388		I	By Spouse
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
		Transact Code (In	tion of I		6. Date Exercis Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ı	Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
	of Doopone			C	Code \	,	(A)	(D)	Date Exercisal		Expiration Date	Titl	or Nu of	mber ares					

- 1. Mr. Robinson also has an indirect ownership interest in 18525 shares held in a 401(k) Plan based on the most recent plan statement.
- 2. Mr. Robinson also has an indirect ownership interest in 3756646 shares owned by Gulf Capital Services, for which Mr. Robinson holds a 24% interest in the Partnership. The remaining partnerships are held in equal shares by Trust for benefit of Mr. Robinson's daughters, with Mr. Robinson's spouse as Trustee. Mr. Robinson disclaims beneficial ownership for 76% of the securities held by Gulf Capital Services, representing the Trusts' proportionate partnership interest.
- 3. Mr. Robinson also has an indirect ownership interest in 8673388 shares, of which 624620 are owned directly by his spouse; 6720 shares held by spouse, jointly with grandson; 3953256 shares held directly by Trust for daughter, Robin Robinson, with spouse as Trustee; and, 4088792 shares held directly by Trust for daughter, Jill Robinson, with spouse as Trustee, all of which Mr. Robinson expressly disclaims beneficial ownership of such securities

# Remarks:

Janie L. Ryan, POA

04/21/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.