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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

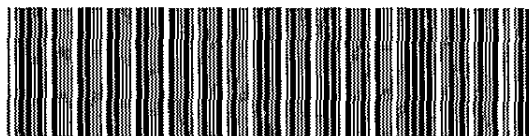
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 APR 10 PM 4:06

7/06-15832

MS. A. 11

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Employers Compensation Insurance Company

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael T. Stock

(Name of Person)

Employers Compensation Insurance Company

(Firm/Company)

500 N. Brand Blvd., Suite 800

(Address)

Glendale, CA 91203

(City/State and Zip code)

For further information concerning this matter, please call:

Michael T. Stock

(Name of Person)

at ( 818 ) 552-4811

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2006

MICHAEL T. STOCK  
500 N. BRAND BLVD.  
SUITE 800  
GLENDALE, CA 91203

SUBJECT: EMPLOYERS COMPENSATION INSURANCE COMPANY  
Ref. Number: W06000015832

We have received your document for EMPLOYERS COMPENSATION INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist

Letter Number: 406A00022600



**Michael T. Stock**  
Vice President & Chief Deputy General Counsel

April 7, 2006

**SENT VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
New Filing Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Attn.: Doris Brown  
Document Specialist

**RE: EMPLOYERS COMPENSATION INSURANCE COMPANY  
NUMBER: W06000015832**

Dear Ms. Brown:

Enclosed, please find a Certificate of Status/Good Standing issued by the Secretary of State of California for Employers Compensation Insurance Company and a copy of your letter of April 4, 2006.

Please send the Certificate of Status to my attention via Federal Express, charge to our Account Number 1018-1030-5 or use the enclosed completed Federal Express airbill and envelope.

If you have any questions, please contact me. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael T. Stock', with a long horizontal line extending to the right.

Michael T. Stock

/tbb  
Enclosures

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. Employers Compensation Insurance Company**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. California**

(State or country under the law of which it is incorporated)

**3. 03-0443592**

(FEI number, if applicable)

**4. May 16, 2002**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. N/A**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 500 N. Brand Blvd., Suite 800, Glendale, CA 91203**

(Principal office address)

**500 N. Brand Blvd., Suite 800, Glendale, CA 91203**

(Current mailing address)

The purpose of the Corporation is to engage in any lawful act or activity for which  
a corporation may be organized under the General Corporation Law of California other  
than banking business, the trust company business, or the practice of a profession  
permitted to be incorporated by the California Corporation Code.

**8. permitted to be incorporated by the California Corporation Code.**  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

**Plantation**

(City)

**Florida 33324**

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I  
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,  
and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

**Michael J. Smith**  
**Assistant Secretary**

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to  
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction  
under the law of which it is incorporated.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 16 PM 4:06

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Robert J. Kolesar

Address: 3320 W. Sahara Avenue Ste 380  
Las Vegas, Nevada 89102

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Please see attached list.

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Martin J. Welch

Address: 9790 Gateway Drive, Suite 100  
Reno, NV 89521

Vice President: Michael T. Stock

Address: 500 N. Brand Blvd., Suite 800, Glendale, CA 91203  
Please see attached list of Officers

Secretary: Lenard T. Ormsby

Address: 9790 Gateway Drive, Suite 100, Reno, Nevada 89521

Treasurer: William E. Yocke

Address: 9790 Gateway Drive, Suite 100, Reno, Nevada 89521

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Michael T. Stock, Vice President & Chief Deputy General Counsel

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 10 PM 4:06

# Employers Compensation Insurance Company

## Directors

<u>Name</u>	<u>Business Addresses</u>
Robert J. Kolesar Chairman of the Board	Kolesar & Leatham Law Firm 3320 W. Sahara Avenue Ste 380, Las Vegas, Nevada 89102
Douglas D. Dirks Member of the Board	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, NV 89521
Lenard T. Ormsby Member of the Board	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, NV 89521
William E. Yocke Member of the Board	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, NV 89521

## Officers

<u>Name</u>	<u>Business Addresses</u>
Douglas D. Dirks Chief Executive Officer	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
Martin J. Welch, President & Chief Operating Officer	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
Lenard T. Ormsby, EVP General Counsel & Secretary	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
Ann W. Nelson EVP, Corporate & Public Affairs	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
William E. Yocke, EVP Chief Financial Officer & Treasurer	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
John P. Nelson Senior Vice President, Chief Administrative Officer	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
Stephen V. Festa Senior Vice-President, Chief Claims Officer	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
Paul I. Ayoub Senior Vice-President, Chief Information Officer	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
David M. Quezada, President, Strategic Market Region	Employers Compensation Insurance Company 500 N. Brand Blvd., Suite 800, Glendale, California 91203
George F. Tway, President Western Region	Employers Insurance Company of Nevada 9790 Gateway Drive, Suite 100, Reno, Nevada 89521
Cynthia M. Morrison VP, Corporate Controller	Employers Compensation Insurance Company 500 N. Brand Blvd., Suite 800, Glendale, California 91203
Michael T. Stock, VP & Chief Deputy Gen Counsel	Employers Compensation Insurance Company 500 N. Brand Blvd., Suite 800, Glendale, California 91203

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State of California  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 10 PM 4: 06

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **16TH day of MAY, 2002, EMPLOYERS COMPENSATION INSURANCE COMPANY** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of April 6, 2006.



BRUCE McPHERSON  
Secretary of State