FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:21

DOCUMENT # P22801 (5)

1. Corporation Name
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
3 TRIAD CENTER #200 SALT LAKE CITY UT 84180	3 TRIAD CENTER #200 SALT LAKE CITY UT 84180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1989	3a. Date of Last Report: 02/09/1994
4. FEI Number: 87-0129771	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 2460
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Salt Lake City, UT
Zip 24 / Country 25	Zip 29 84110 / Country 30 USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, EARL RODERICK	1.2 NAME	
STREET ADDRESS	4215 CAMILLE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	GANDRE, DIANE ROSS	2.2 NAME	
STREET ADDRESS	10716 DIMPLE DELL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY UT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, RAYMOND EARL	3.2 NAME	
STREET ADDRESS	2455 CAMINO WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MAHMOOD, RITA ROSS	4.2 NAME	
STREET ADDRESS	3578 HILLSIDE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HALL, ELANA ROSS	5.2 NAME	
STREET ADDRESS	2025 DIMPLE DELL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY UT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Rod Ross, President 1/17/95 (801) 579-3400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Area Code) Telephone #

0491240 FN