SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 16 1998 8:00am
Secretary of State

0125460

PROFIT CORPORATION ANNUAL REPORT
1998

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

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	PO BOX 24 2460 #200 SALT LAKE CITY UT 84110 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 2460	3. Date Incorporated or Qualified 01/31/1989	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 87-0129771	Applied For Not Applicable
City & State 23	City & State 28 Salt Lake City, UT	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 84110 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32301	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	☐ DELETE	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	☒ DELETE	2.1 TITLE	V/T	☐ Change ☒ Addition
NAME	GANDRE, DIANE ROSS		2.2 NAME	Kuhlman, Donald R.	
STREET ADDRESS	10716 DIMPLE DELL DRIVE		2.3 STREET ADDRESS	2797 Willow Hills Drive	
CITY-ST-ZIP	SANDY UT		2.4 CITY-ST-ZIP	Sandy, UT 84093	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSS, RAYMOND EARL		3.2 NAME	Ogden, Joan Peters	
STREET ADDRESS	2455 CAMINO WAY		3.3 STREET ADDRESS	2523 East 17th South	
CITY-ST-ZIP	SALT LAKE CITY UT		3.4 CITY-ST-ZIP	Salt Lake City, UT 84108	
TITLE	D	☒ DELETE	4.1 TITLE	S/General Counsel	☐ Change ☒ Addition
NAME	MAHMOOD, RITA ROSS		4.2 NAME	Surfass, Kendall	
STREET ADDRESS	5578 HILLSIDE LANE		4.3 STREET ADDRESS	7942 Summer Hill Dr.	
CITY-ST-ZIP	SALT LAKE CITY UT		4.4 CITY-ST-ZIP	Park City, UT 84098	
TITLE	D	☒ DELETE	5.1 TITLE	Chief Marketing Officer	☐ Change ☒ Addition
NAME	HALL, ELANA ROSS		5.2 NAME	Thomas, Larry A.	
STREET ADDRESS	2025 DIMPLE DELL RD		5.3 STREET ADDRESS	1172 Cutter Lane	
CITY-ST-ZIP	SANDY UT		5.4 CITY-ST-ZIP	Park City, UT 84098	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

14. I hereby certify that the information supplied with this filing 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: SIGNATURE Donald R Kuhlman 7/9/98 801-579-3400