FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22801

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
3 TRIAD CENTER #200 Salt Lake City ut 84180	P.O. BOX 2460 SALT LAKE CITY UT 84110 US
e de la companya de l	

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90069 035 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business.						Date Incorporated or Qualifed				
						01/31/1989				
						4. FEI Number			Applied For	
21	4000 S 1 5 5 4 5	26				87-0129771			Not Applicable	
Suite, Apt.	#; etc.# (2000 be) 150					\$8.75 Additional				
22	27							Fee	Required	
	City & State City & State					6. Election Campaign Financing \$5.00 May Be				
23	THE PARTY AS LIVER BY	28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible				
			30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
<u> </u>										
9. Name and Address of Current Registered Agent				81 N						
INSURANCE COMMISSIONER OF FLORIDA			00 04			divers (D.C. Rev Number is Not Acceptable)				
CAPITOL BUILDING TALLAHASSEE FL 32301				82 Street Address (P.O. Box Number is Not Acceptable)						
				83	-1-7	1986	V1 . 1 : 42 th min	2. 2. 2. 1.	C 48 12 M	
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	r			84 C	ity	The second second	Far All Since	EI 85 4	Zip Code	
							and for the miss-	no of changing	ite registered	
	t to the provisions of Sections 607.050 registered agent, or both, in the State				emed corporation	oration submits this statem on's board of directors. I he	ent for the purpo: ereby accept the a	se or changing appointment a	s registered	
য⊭েVoffice or এক tagent. In	registered agent, or both, in the State am familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Stati	utes.	doi poratio	of the popular or amount of the			•	
									<u> </u>	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F		Agent sig	nature required	d when reinstating); (1): (3)	DA'		OTODO IN 40	
12.	OFFICERS AN	ID DIRECTORS	13.	13.		ADDITIONS/CHANG	ES TO OFFICER			
TITLE	PD	☐ DELETE	1.1 70	ΓLE		** ** : 57 ; 5 ; 5 ; 5 ; 5 ; 5 ; 5 ; 5 ; 5 ; 5		Char	nge 🗌 Additio	
NAME	ROSS, EARL RODERICK		1.2 NA	ME						
STREET ADDRESS	1 1		1.3 \$1	REET AD	DRESS					
	SALT LAKE CITY UT		14 CI	TY-ST-ZI	Р					
CITY-ST-ZIP		DELETE				*****		☐ Char	nge 🗌 Additio	
	VI	:	2.2 N		-					
NAME	KUHLMAN, DONALD R			2.3 STREET ADDRES						
STREET ADDRESS	2797 WILLOW HILLS DR									
CITY-ST-ZIP	SANDY UT 84093			ITY-ST-Z	IP		-	Char	nge	
TITLE	DAME TO MERCONSTITUTE	DELETE	3.1 TT						ige	
NAME	OGDEN, JOAN PETERS		3.2 N	AME						
STREET ADDRES		•	3.3 \$1	REET AD	DRESS	×			e garage	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	•	3.4. C	TY-ST-Z	IP			- ;	1,81 181	
TITLE	S	☐ DELETE	4.1 TF	TLE		14	**	. Chai	nge 📒 🔲 Additio	
NAME	SURFASS, KENDALL		4.2N	AME						
2 11/41/06/6	11 ±		4.3 ST	TREET AD	DRESS					
STREET ADDRES				TY-ST-ZI						
CITY-ST-ZIP: ()		DELETE	5.1 TI		-		············	Cha	nge Additio	
TITLE	CMO	- OCCLIC	5.1 N			N		_	_	
NAME	THOMAS, LARRY A			TREET AD	npeee	in the second se				
STREET ADDRES	7,7,7		1			en <u>di</u> ning gegen	manifest of the second		7° - 4 •	
CITY-ST-ZIP	PARK CITY UT 84098			TY-ST-ZI	٢				ngo [7] Addisi.	
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NAME	4515 CAN SLE Y		6.2 N	AME						
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VINCEI ALLUNES	S VI		64 C	rry-st-z	P					

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, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR

1/4/98 Date

801-579-340 Daytime Phone # S