2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P22801

Entity Name: EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

III TRIAD CENTER
#200
SALT LAKE CITY, UT 84180

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2460
SALT LAKE CITY, UT 84110 US

New Mailing Address:

FEI Number: 87-0129771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS INC
1221 BRICKELL AVE., SUITE 921-B
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FLORIDA INCORPORATORS INC
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROSS, EARL RODERICK,
Address: 4215 CAMILLE ST
City-St-Zip: SALT LAKE CITY, UT

Title: VT ( ) Delete
Name: KUHLMAN, DONALD R
Address: 2797 WILLOW HILLS DR
City-St-Zip: SANDY, UT 84093

Title: D ( ) Delete
Name: OGDEN, JOAN PETERS
Address: 2523 E 17TH S
City-St-Zip: SALT LAKE CITY, UT 84108

Title: S ( ) Delete
Name: SURFASS, KENDALL
Address: 7942 SUMMER HILL DR
City-St-Zip: PARK CITY, UT 84098

Title: CMO ( ) Delete
Name: THOMAS, LARRY A
Address: 1172 CUTTER LANE
City-St-Zip: PARK CITY, UT 84098

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENDALL SURFASS S 04/29/2004
Electronic Signature of Signing Officer or Director — Date