2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90074 047 ***150.00

DOCUMENT # P22801

1. Entity Name
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
III TRIAD CENTER #200 SALT LAKE CITY, UT 84180	P.O. BOX 2460 SALT LAKE CITY, UT 84110 US

02282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 87-0129771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSS, EARL RODERICK 4215 CAMILLE ST SALT LAKE CITY, UT	☐ Delete	T Christensen, Kristine S. 3057 S. Carbon Circle Salt Lake City, UT 84120	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KUHLMAN, DONALD R 2797 WILLOW HILLS DR SANDY, UT 84093	☒ Delete	D Anderson, Robert E. 580 Lumber Exchange Bldg. 10 So. 5th St. Minneapolis, MN 55402	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OGDEN, JOAN PETERS 2523 E 17TH S SALT LAKE CITY, UT 84108	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SURFASS, KENDALL 7942 SUMMER HILL DR PARK CITY, UT 84098	☐ Delete	VS Surfass, Kendall 7942 Summer Hill Dr. Park City, UT 84098	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMO THOMAS, LARRY A 1172 CUTTER LANE PARK CITY, UT 84098	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristine S Christensen 3/01/05 801-579-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kristine S. Christensen Daytime Phone #