2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State
01-09-2006 90036 003 ***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

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

01032006 Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, ROBERT E 580 LUMBER EXCHANGE BLDG. MINNEAPOLIS, MN 55402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OGDEN, JOAN PETERS 2523 E 17TH S SALT LAKE CITY, UT 84108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SURFASS, KENDALL 7942 SUMMER HILL DR PARK CITY, UT 84098	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMO THOMAS, LARRY A 1172 CUTTER LANE PARK CITY, UT 84098	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2615 Duck Hook Dr. Park City, UT 84060	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHRISTENSEN, KRISTINE S 3057 S. CARBON CIRCLE SALT LAKE CITY, UT 84120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Kristine S. Christensen 1-3-06 866-579-3488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #