

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22801

FILED
Feb 19, 2008
Secretary of State

Entity Name: EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

3 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
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: ANDERSON, ROBERT E
Address: 580 LUMBER EXCHANGE BLDG.
City-St-Zip: MINNEAPOLIS, MN 55402

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

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

Title: CMO () Delete
Name: THOMAS, LARRY A
Address: 2615 DUCK HOOK DR
City-St-Zip: PARK CITY, UT 84060

Title: T () Delete
Name: CHRISTENSEN, KRISTINE S
Address: 3057 S. CARBON CIRCLE
City-St-Zip: SALT LAKE CITY, UT 84120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSS, E. RODERICK
Address: 4215 CAMILLE ST
City-St-Zip: SALT LAKE CITY, UT 84124

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: TREA (X) Change () Addition
Name: CHRISTENSEN, KRISTINE S
Address: 103 STARSIDE DR
City-St-Zip: TOOELE, UT 84074

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTINE S CHRISTENSEN

TREA

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date