2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# P22801

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 84124	
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:	TREA	( ) Delete
Name:	CHRISTENSEN, KRISTINE S	
Address:	103 STARSIDE DR	
City-St-Zip:	TOOELE, UT 84074	

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

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 01/19/2009
Electronic Signature of Signing Officer or Director Date