## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P22801 **DOCUMENT #**

1. Entity Name EQUITABLE LIFE & CASUALTY INSURANCE COMPANY



**FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90061 020 \*\*\*150.00

SAT LIKE CITY UT 9HISO					3 WE >	_				
Suries Applications Suries	Principal Place of Business III TRIAD CENTER #200		P.O. BOX 2460							
2. Malling Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zo  Country  S. Contilicate of Status Desired State Desired State  FLORIDA NOORPORATORS INC  1221 BRICKELL AVE, SUITE 921-B  MIAMI FL 33131  City  City  Street Address (FD. Uox Number is Not Acceptable)  City  FL  City  FL  Zio Code  Street Address (FD. Uox Number is Not Acceptable)  Street Address (FD. Uox Number is Not Acceptable)  City  FL  Zio Code  Street Address (FD. Uox Number is Not Acceptable)  City  FL  Zio Code  FL  Zio Code  Street Address (FD. Uox Number is Not Acceptable)  Street Address (FD. Uox Number is Not Acceptable)  City  FL  Zio Code  FL  Zio Code  Street Address (FD. Uox Number is Not Acceptable)  City  FL  Zio Code  FL  Zio Code  Street Address (FD. Uox Number is Not Acceptable)  City  FL  Zio Code  FL  Zio Code  FL  Zio Code  Street Address (FD. Uox Number is Not Acceptable)  City  FL  Zio Code  FL  Zio Code  FL  Zio Code  FL  Zio Code  City  FL  Zio Code  FL  Zio Code  FL  Zio Code  FL  Zio Code  City  FL  Zio Code  City  FL  Zio Code  City  FL  Zio Code  FL  Zio Code  City  FL  Zio Code  FL  Zio Code  FL  Zio Code  City  FL  Zio Code  FL  Zio Code  City  FL  Zio Code  FL  Zio Code  FL  Zio Code  FL  Zio Code  City  City  City  City  City  City  City  City  City  City	SALT LAKE CIT	Y UT 84180	US							
City & State  Country  Country  Country  Country  Country  Country  S. Cartificate of Status Desired  State Additional Fee Required  Fee Required  To Name  Name  Name  Name  Stock Address of New Registered Agent  Name  Stock Address of New Registered Agent  Name  Stock Address of New Registered Agent  Name  Stock Address (F.O. Bax Number is Not Acceptable)  City  FL Zip Code	2. Principal Place of Business		3. Mailing Address				1   <b>       </b>		}  <b> </b>	H
Zip   Country   Zip   Country   St. Certificate of Starus Desired   St. 75 Additional Fee Required   Fee Requ	Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  PLORIDA INCORPORATORS INC  Street: Address (P.O. Box Number is Nox Acceptable)  City  FL  Zin Code  City	City & State	)	City & State			<b>4.</b> F	4. (2. (a. (b. ) 8/4)))29//			
FLORIDA INCORPORATORS INC  1221 BRICKELL AVE., SUTTE 921-B  MAMI FL 33131  City FL Zib 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 accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligation of registered agent, or both, in the State of Florida. I am familiar, with, and accopt the obligation of registered agent, or both, in the State of Florida Plantane agent agent and the Papership.  BY FLE NOWILL FLE ST	"Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired				
FLORIDA INCORPORATORS INC  1221 BRICKELL AVE., SUITE 921-B MIAMI FL 33131  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 Fortida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent, or both, in the State of Fortida. I am familiar with, and accopt the obligation of registered agent.  10.	6. Name and Address of Current Registered Agent			 l		7. P	Name and Address of New R	egistered	Agent	
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8. The above named entity submits this starement 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, suppose of private named registered agent and the if spot cashe.   MOTE Registered Agent alignature required when increasing)   DATE										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   Separation, speed or printed rearre of registered agent and still in a special printed agent agent and still in a special printed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the registered agent, or both, in the State of Florida. I am familiar with, and accept the resistance of Florida. I am familiar with, and accept the resistance of Florida. I am familiar with, and accept the resistance of Florida. I am familiar with, and accept the resistance of Florida. I am familiar with, and accept the resistance of Florida Papartment of R	MIAMI FL 3	33131								
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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: