

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002272

Entity Name: EMPLOYERS COMPENSATION INSURANCE COMPANY**Current Principal Place of Business:**10375 PROFESSIONAL CIRCLE
RENO, NV 89521**Current Mailing Address:**10375 PROFESSIONAL CIR
RENO, NV 89521 US**FEI Number:** 03-0443592**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**

Title	CHAIRMAN, DIRECTOR
Name	MCSALLY, MICHAEL J
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521

Title	DIRECTOR, TREASURER
Name	PAQUETTE, MICHAEL S
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521

Title	DIRECTOR
Name	LAWS, CHRISTOPHER
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521

Title	SECRETARY, DIRECTOR
Name	BROWN, LORI A
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521

Title	PRESIDENT, CEO, DIRECTOR
Name	ANTONELLO, KATHERINE H
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521

I hereby 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 all other like empowered.

SIGNATURE: LORI A BROWN**SECRETARY****04/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date