

2023 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:**PO BOX 539003
HENDERSON, NV 89053-9003 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 PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title DIRECTOR, TREASURER
Name PAQUETTE, MICHAEL S
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title DIRECTOR
Name LAWS, CHRISTOPHER
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title SECRETARY, DIRECTOR
Name BROWN, LORI A
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title PRESIDENT, CEO, DIRECTOR
Name ANTONELLO, KATHERINE H
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

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****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date