

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000002272

**Entity Name:** EMPLOYERS COMPENSATION INSURANCE COMPANY**Current Principal Place of Business:**500 N. BRAND BLVD.,  
SUITE 700  
GLENDALE, CA 91203**Current Mailing Address:**C/O GENERAL COUNSEL'S OFFICE  
10375 PROFESSIONAL CIRCLE  
RENO, NV 89521 US**FEI Number:** 03-0443592**Certificate of Status Desired:** Yes**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
Name	KOLESAR, ROBERT J
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521

Title	DIRECTOR, PRESIDENT, CEO
Name	DIRKS, DOUGLAS D
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521

Title	DIRECTOR, TREASURER
Name	YOCKE, WILLIAM E
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521

Title	DIRECTOR, ASST. SECRETARY
Name	ORMSBY, LENARD T
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521

Title	DIRECTOR
Name	FESTA, STEPHEN V
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521

Title	SECRETARY
Name	BROWN, LORI A
Address	255 CALIFORNIA STREET, SUITE 900
City-State-Zip:	SAN FRANCISCO CA 94111

*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****04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date