

2019 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, DIRECTOR
Name RUMBOLZ, MICHAEL D
Address 10375 PROFESSIONAL CIRCLE
City-State-Zip: RENO NV 89521Title DIRECTOR, CEO
Name DIRKS, DOUGLAS D
Address 10375 PROFESSIONAL CIRCLE
City-State-Zip: RENO NV 89521Title DIRECTOR, TREASURER
Name PAQUETTE, MICHAEL S
Address 10375 PROFESSIONAL CIRCLE
City-State-Zip: RENO NV 89521Title DIRECTOR, PRESIDENT, COO
Name FESTA, STEPHEN V
Address 10375 PROFESSIONAL CIRCLE
City-State-Zip: RENO NV 89521Title SECRETARY, DIRECTOR
Name BROWN, LORI A
Address 10375 PROFESSIONAL CIRCLE
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****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date