

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006267

Entity Name: EMPLOYERS INSURANCE COMPANY OF NEVADA**Current Principal Place of Business:**C/O GENERAL COUNSEL'S OFFICE
10375 PROFESSIONAL CIRCLE
RENO, NV 89521**Current Mailing Address:**C/O GENERAL COUNSEL'S OFFICE
10375 PROFESSIONAL CIRCLE
RENO, NV 89521 US**FEI Number:** 88-0442429**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date