2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006267

Entity Name: EMPLOYERS INSURANCE COMPANY OF NEVADA

FILED
Apr 27, 2015
Secretary of State
CC5915787385

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 Title DIRECTOR, PRESIDENT, CEO

Name KOLESAR, ROBERT J Name DIRKS, DOUGLAS D

Address 10375 PROFESSIONAL CIRCLE Address 10375 PROFESSIONAL CIRCLE

City-State-Zip: RENO NV 89521 City-State-Zip: RENO NV 89521

Title DIRECTOR, TREASURER Title DIRECTOR, ASST. SECRETARY

Name ELEFTHERIOU, TERRY Name ORMSBY, LENARD T

Address 10375 PROFESSIONAL CIRCLE Address 10375 PROFESSIONAL CIRCLE

City-State-Zip: RENO NV 89521 City-State-Zip: RENO NV 89521

TitleDIRECTORTitleSECRETARYNameFESTA, STEPHEN VNameBROWN, LORI A

Address 10375 PROFESSIONAL CIRCLE Address 255 CALIFORNIA STREET, SUITE 900

City-State-Zip: RENO NV 89521 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

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/27/2015