

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 645072

FILED
Apr 20, 2011
Secretary of State

Entity Name: EMPLOYERS ASSURANCE COMPANY

Current Principal Place of Business:

851 TRAFALGAR COURT
#400E
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

10375 PROFESSIONAL CIRCLE
RENO, NV 89521 US

New Mailing Address:

10375 PROFESSIONAL CIRCLE
C/O GENERAL COUNSEL'S OFFICE
RENO, NV 89521 US

FEI Number: 61-0477370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: KOLESAR, ROBERT J
Address: 10375 PROFESSIONAL CIRCLE
City-St-Zip: RENO, NV 89521

Title: DP
Name: DIRKS, DOUGLAS D
Address: 10375 PROFESSIONAL CIRCLE
City-St-Zip: RENO, NV 89521

Title: DAS
Name: ORMSBY, LENARD T
Address: 10375 PROFESSIONAL CIRCLE
City-St-Zip: RENO, NV 89521

Title: DT
Name: YOCKE, WILLIAM E
Address: 10375 PROFESSIONAL CIRCLE
City-St-Zip: RENO, NV 89521

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

Title: S
Name: BROWN, LORI A
Address: 255 CALIFORNIA STREET, SUITE 900
City-St-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

S

04/20/2011

Electronic Signature of Signing Officer or Director

Date