2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# F01000002661

Entity Name: EMPLOYERS LIFE INSURANCE CORPORATION

Current Principal Place of Business:

961 E MAIN ST
BEN HILL OFFICE PARK
SPARTANBURG, SC 29302

New Principal Place of Business:

961 E MAIN ST
BELL HILL OFFICE PARK
SPARTANBURG, SC 29302

Current Mailing Address:

PO BOX 6305
SPARTANBURG, SC 29304

New Mailing Address:

PO BOX 5787
SPARTANBURG, SC 29304

FEI Number: 65-0078840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WORTHY, WILLIAM M II
Address: 333 S. PINE STREET
City-St-Zip: SPARTANBURG, SC 29302

Title: VD ( ) Delete
Name: MCDONALD, DUNCAN
Address: 333 S. PINE STREET
City-St-Zip: SPARTANBURG, SC 29302

Title: SD ( ) Delete
Name: EUBANKS, CHOICE L JR
Address: 961 E MAIN ST
City-St-Zip: SPARTANBURG, SC 29302

Title: D ( ) Delete
Name: SPROUSE, PAUL WOODROW
Address: 961 E MAIN ST
City-St-Zip: SPARTANBURG, SC 29302

Title: PCD ( ) Delete
Name: BROWN, TIMOTHY E
Address: 961 E MAIN ST
City-St-Zip: SPARTANBURG, SC 29302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: ADAIR, JOHN M
Address: 961 E. MAIN ST.
City-St-Zip: SPARTANBURG, SC 29302

Title: V (X) Change ( ) Addition
Name: WILKIE, AARON R
Address: 961 E. MAIN ST.
City-St-Zip: SPARTANBURG, SC 29302

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHOICE L. EUBANKS, JR SD 02/26/2004

Electronic Signature of Signing Officer or Director — Date