

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002272

FILED
Jan 11, 2007
Secretary of State

Entity Name: EMPLOYERS COMPENSATION INSURANCE COMPANY

Current Principal Place of Business:

500 N. BRAND BLVD., SUITE 800
GLENDALE, CA 91203

New Principal Place of Business:

Current Mailing Address:

500 N. BRAND BLVD., SUITE 800
GLENDALE, CA 91203

New Mailing Address:

FEI Number: 03-0443592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: WELCH, MARTIN J
Address: 9790 GATEWAY DRIVE, SUITE 100
City-St-Zip: RENO, NV 89521

Title: VP () Delete
Name: STOCK, MICHAEL T
Address: 500 N. BRAND BLVD., SUITE 800
City-St-Zip: GLENDALE, CA 91203

Title: D () Delete
Name: KOLESAR, ROBERT J
Address: 3320 W. SAHARA AVENUE, STE.380
City-St-Zip: LAS VEGAS, NV 89102

Title: SD () Delete
Name: ORMSBY, LENARD T
Address: 9790 GATEWAY DRIVE, SUITE 100
City-St-Zip: RENO, NV 89521

Title: TD () Delete
Name: YOCKE, WILLIAM E
Address: 9790 GATEWAY DRIVE, SUITE 100
City-St-Zip: RENO, NV 89521

Title: DCEO () Delete
Name: DIRKS, DOUGLAS D
Address: 9790 GATEWAY DRIVE, SUITE 100
City-St-Zip: RENO, NV 89521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: STOCK, MICHAEL T
Address: 500 N. BRAND BLVD., SUITE 800
City-St-Zip: GLENDALE, CA 91203

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

Title: D (X) Change () Addition
Name: ORMSBY, LENARD T
Address: 9790 GATEWAY DRIVE, SUITE 100
City-St-Zip: RENO, NV 89521

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 Chapter 119, 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: MICHAEL T STOCK

VPS

01/11/2007

Electronic Signature of Signing Officer or Director

Date