

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2011
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:

500 N. BRAND BLVD.,
SUITE 700
GLENDALE, CA 91203

Current Mailing Address:

10375 PROFESSIONAL CIRCLE
C/O EMPLOYERS
RENO, NV 89521

New Mailing Address:

FEI Number: 03-0443592 **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 32399 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: DT
Name: YOCKE, WILLIAM E
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: 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

04/21/2011

Electronic Signature of Signing Officer or Director

Date