

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002272

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** EMPLOYERS COMPENSATION INSURANCE COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

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4-27-12

**Annual Report Online Filing – Addendum**   **Business Entity: Employers Compensation Insurance Company**  
**Document Number: F06000002272**   **FEIN: 03-0443592**

Officer/Director Information (continued)

Title: Senior Vice President, Chief Underwriting Officer  
Name: Cecelia M. Abraham  
Address: 10375 Professional Circle  
Reno, NV 89521

Title: Senior Vice President, Chief Claims Officer  
Name: Stephen V. Festa  
Address: 10375 Professional Circle  
Reno, NV 89521

Title: Senior Vice President, Chief Information Officer  
Name: Richard P. Hallman  
Address: 10375 Professional Circle  
Reno, NV 89521

Title: Senior Vice President, Regional Manager  
Name: Mark R. Hogle  
Address: 14120 Ballantyne Corporate Place, Ste. 100  
Charlotte, NC 28277

Title: Senior Vice President, Regional Manager  
Name: T. Hale Johnston  
Address: 255 California Street, Ste. 900  
San Francisco, CA 94111

Title: Senior Vice President, General Manager Strategic Partnerships & Alliances  
Name: David M. Quezada  
Address: 500 N. Brand Blvd., Ste. 700  
Glendale, CA 91203

Title: Vice President, Corporate Controller  
Name: Gretchen K. Hofeling  
Address: 10375 Professional Circle  
Reno, NV 89521

Title: Vice President, Chief Actuary  
Name: Doug A. Zearfoss  
Address: 10375 Professional Circle  
Reno, NV 89521