

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K52834** (4)

1. Corporation Name

EMPLOYERS INSURANCE SERVICE GROUP, INC.

Principal Place of Business

**75 VALENCIA AVE
CORAL GABLES FL 33114-4240
US**

Mailing Address

**75 VALENCIA AVE
CORAL GABLES FL 33134-6141
US**



3. Date Incorporated or Qualified 12/21/1988	3a. Date of Last Report 11/05/1996
4. FEI Number 65-0094072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLS, TRAVERS H	1.2 NAME	
STREET ADDRESS	300 OPUS CTR, 9900 BREN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALLAN J	2.2 NAME	
STREET ADDRESS	300 OPUS CENTER, 9900 BREN RD E	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, SHEILA E	3.2 NAME	
STREET ADDRESS	300 OPUS CENTER, 9900 BREN RD E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	3.4 CITY-ST-ZIP	
TITLE	SVPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPE, DAVID P	4.2 NAME	
STREET ADDRESS	300 OPUS CENTER, 9900 BREN RD E	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICOLA, BRIGID M	5.2 NAME	
STREET ADDRESS	300 OPUS CENTER, 9900 BREN RD E	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBBEN, DAVID J	6.2 NAME	
STREET ADDRESS	300 OPUS CENTER, 9900 BREN RD E	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

612-936-1717

Date

Daytime Phone #

CR2E034 (9/96)