

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12247

FILED
Jan 07, 2011
Secretary of State

Entity Name: EMPLOYERS REASSURANCE CORPORATION

Current Principal Place of Business:

5700 BROADMOOR
SUITE 1000
MISSION, KS 66200 US

New Principal Place of Business:

5700 BROADMOOR
SUITE 1000
MISSION, KS 66202 US

Current Mailing Address:

5700 BROADMOOR
SUITE 1000
MISSION, KS 66202 US

New Mailing Address:

FEI Number: 48-1024691 **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

OFFICERS AND DIRECTORS:

Title: S
Name: RUSSELL, KATHLEEN A
Address: 5700 BROADMOOR SUITE 1000
City-St-Zip: MISSION, KS 66202

Title: T
Name: BAKER, SARAH Q
Address: 5700 BROADMOOR SUITE 1000
City-St-Zip: OVERLAND PARK, KS 66202

Title: CEO
Name: BARNETT, MICHAEL D
Address: 251 N ILLINOIS ST SUITE 800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D
Name: PETERS, RONALD D
Address: 5700 BROADMOOR SUITE 1000
City-St-Zip: MISSION, KS 66202

Title: V
Name: RAMSEY, CLARK A
Address: 5700 BROADMOOR
City-St-Zip: MISSION, KS 66202

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: CHARLENE R. BUENGER

VP

01/07/2011

Electronic Signature of Signing Officer or Director

Date