

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018130

FILED
Apr 27, 2012
Secretary of State

Entity Name: EMPLOYERS PREFERRED INSURANCE COMPANY

Current Principal Place of Business:

851 TRAFALGAR COURT #400E
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

10375 PROFESSIONAL CIRCLE
C/O GENERAL COUNSEL'S OFFICE
RENO, NV 89521 US

New Mailing Address:

FEI Number: 59-2222527 **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 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: 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

Annual Report Online Filing – Addendum
Document Number: P95000018130

Business Entity: Employers Preferred Insurance Company
FEIN: 59-2222527

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