2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# S27083

Entity Name: EMPLOYERS COMPENSATION SERVICES CORPORATION

Current Principal Place of Business:

POST OFFICE BOX 15707
ST. PETERSBURG, FL 33733

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15707
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3082731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHEY, ROBERT G
360 CENTRAL AVE
ST PETERSBURG, FL 33701 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PDC	( ) Delete
Name:	MENKE, ROBERT M	
Address:	360 CENTRAL AVE	
City-St-Zip:	ST PETERSBURG, FL 33701 US	
Title:	TD	( ) Delete
Name:	HUSSEMANN, EDWIN C	
Address:	360 CENTRAL AVE	
City-St-Zip:	ST. PETERSBURG, FL 33701 US	
Title:	D	( ) Delete
Name:	MEEHAN, DAVID K	
Address:	360 CENTRAL AVE	
City-St-Zip:	ST PETERSBURG, FL 33701 US	
Title:	AS	( ) Delete
Name:	HAIRE, NANCY C	
Address:	360 CENTRAL AVE	
City-St-Zip:	ST PETERSBURG, FL 33701 US	
Title:	S	( ) Delete
Name:	SOUTHEY, ROBERT C	
Address:	360 CENTRAL AVE	
City-St-Zip:	ST PETERSBURG, FL 33701 US	
Title:	ASVP	(X) Delete
Name:	SNYDER, DAVID B	
Address:	360 CENTRAL AVE	
City-St-Zip:	ST PETERSBURG, FL 33701 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SOUTHEY, ROBERT G	
Address:	360 CENTRAL AVE	
City-St-Zip:	ST PETERSBURG, FL 33701 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY C. HAIRE AS 04/30/2003

Electronic Signature of Signing Officer or Director — Date