

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 857908	
1. Entity Name ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY	

Principal Place of Business 392 EAST 6400 SOUTH MURRAY, UT 84107 US	Mailing Address P.O. BOX 571918 SALT LAKE CITY, UT 84157-1918 US
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3088732	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

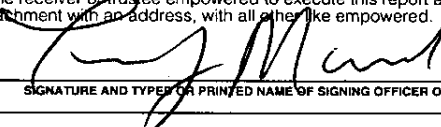
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLANAN, THOMAS E 392 EAST 6400 SOUTH MURRAY, UT 84107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARECK, TERESA J 392 EAST 6400 SOUTH MURRAY, UT 84107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PICKUP, RAY.D 392 EAST 6400 SOUTH MURRAY, UT 84107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SUMMERHAYS, LANE A 392 EAST 6400 SOUTH MURRAY, UT 84107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRANSFIELD, HOWARD E 392 EAST 6400 SOUTH MURRAY, UT 84107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MELVIN C 392 EAST 6400 SOUTH MURRAY, UT 84107

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100028781881
02/16/04--01011--009 **150.00

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Teresa J. Mareck 1-29-04 801-2888750

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Advantage Workers Compensation Insurance Company, FEIN #13-3088732

10. Officers and Directors

Title: V
Name: Shawn K. Johnson
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: V
Name: Richard A. Simmonds
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: D
Name: August Glissmeyer, Jr.
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: D
Name: Daniel B. Seitz
Street Address: 135 N Pennsylvania St, #2700
City-St-Zip: Indianapolis IN 46204