2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2012
Secretary of State

DOCUMENT# 857908

Entity Name: ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

Current Principal Place of Business:

1100 EAST 6600 SOUTH, #280
MURRAY, UT 84121 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 571918
SALT LAKE CITY, UT 841571918 US

New Mailing Address:

FEI Number: 13-3088732 **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: PD
Name: KUBALL, GLEN S
Address: 1100 EAST 6600 SOUTH, #280
City-St-Zip: MURRAY, UT 84121 US

Title: VS
Name: MARECK, TERESA J
Address: 1100 EAST 6600 SOUTH, #280
City-St-Zip: MURRAY, UT 84121 US

Title: VT
Name: FELLER, LINDA M
Address: 1100 EAST 6600 SOUTH, #280
City-St-Zip: MURRAY, UT 84121 US

Title: C
Name: SUMMERHAYS, LANE A
Address: 1100 EAST 6600 SOUTH, #280
City-St-Zip: MURRAY, UT 84121 US

Title: D
Name: GLISSMEYER, AUGUST JR.
Address: 1100 EAST 6600 SOUTH, #280
City-St-Zip: MURRAY, UT 84121 US

Title: D
Name: PICKUP, RAY D
Address: 1100 EAST 6600 SOUTH, #280
City-St-Zip: MURRAY, UT 84121 US

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: TERESA J. MARECK VS 03/15/2012

Electronic Signature of Signing Officer or Director — Date