

F010000003098

TO: Registration Section
Division of Corporations

SUBJECT: Workers Compensation Fund
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tamera Magana
(Name of Person)
Workers Compensation Fund
(Firm/Company)
P.O. Box 57929
(Address)
Salt Lake City UT 84157-0929
(City/State and Zip code)

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*****87.50 *****87.50

For further information concerning this matter, please call:

Tamera Magana at (801) 288-8159
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

7p



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 8, 2001

TAMERA MAGANA
WORKERS COMPENSATION FUND
PO BOX 57929
SALT LAKE CITY, UT 84157-0929

SUBJECT: WORKERS COMPENSATION FUND
Ref. Number: W01000010382

We have received your document for WORKERS COMPENSATION FUND and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name shown on your certificate from Utah is WORKERS COMPENSATION FUND OF UTAH, as shown on the attached photocopy. Although we do need you to add a corporate suffix, we must otherwise file the name exactly as it appears on your certificate. Also, the corporate suffix cannot appear in parentheses.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 001A00027577

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TALLAHASSEE FLORIDA



June 5, 2001

Via Certified Mail

Attn: Lee Rivers
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: Workers Compensation Fund
Ref. Number: W01000010382

Dear Mr. Rivers:

Per your May 8, 2001 letter, enclosed please find a corrected Certificate of Existence showing the correct name of Workers Compensation Fund. Also, I have corrected the name in Question 1 to delete the parentheses on the corporate suffix.

Thank you for your help in this matter. If you have any questions or require further information, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in cursive script that reads "Tamera Magana".

Tamera Magana
Paralegal
801-288-8159

Enclosure

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TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Workers Compensation Fund Corporation
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Utah 3. 87-0407018
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4-14-94 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 392 East 6400 South, Murray UT 84107
(Principal office address)
P.O. Box 57929, Salt Lake City UT 84157-0929
(Current mailing address)
8. Insurance company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Hiedi M. Liesch, HIEDI M. LIESCH, SPECIAL ASST. SECY.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Melvin C. Green

Address: 392 East 6400 South

Murray UT 84107

Vice Chairman: Mark H. Heugly

Address: 392 East 6400 South

Murray UT 84107

Director: August Glissmeyer, Jr.

Address: 392 East 6400 South

Murray UT 84107

Director: Howard E. Dransfield

Address: 392 East 6400 South

Murray UT 84107

B. OFFICERS

President: Lane A. Summerhays

Address: 392 East 6400 South

Murray UT 84107

Vice President: Thomas E. Callanan

Address: 392 East 6400 South

Murray UT 84107

Secretary: Dennis V. Lloyd

Address: 392 East 6400 South, Murray UT 84107

Treasurer: Ray D. Pickup

Address: 392 East 6400 South, Murray UT 84107

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Dennis V. Lloyd
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dennis V. Lloyd, Sr. Vice President/Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director: Raylene G. Ireland

Address: 392 East 6400 South

Murray UT 84107

Director: Robert D. Myrick

Address: 392 East 6400 South

Murray UT 84107

Director: Lane A. Summerhays

Address: 392 East 6400 South

Murray UT 84107

B. OFFICERS

Vice President: Robert H. Short

Address: 392 East 6400 South

Murray UT 84107

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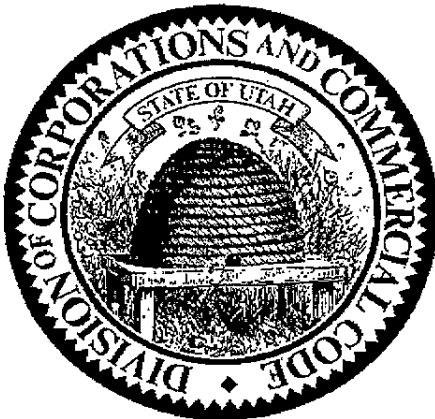
Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web site: <http://www.commerce.state.ut.us>

May 30, 2001

CERTIFICATE OF EXISTENCE

Registration Number: 1157187-0140
Business Name: WORKERS COMPENSATION FUND
Registered Date: APRIL 14, 1994
Entity Type: CORPORATION-DOMESTIC-PROFIT
Current Status: GOOD STANDING

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah.



Kathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code

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TALLAHASSEE FLORIDA

Dept. of Professional Licensing
(801) 530-6628

Real Estate
(801) 530-6747

Public Utilities
(801) 530-6651

Securities
(801) 530-6600

Consumer Protection
(801) 530-6601