


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90044 045 ***150.00

DOCUMENT # F01000003098	
1. Entity Name WORKERS COMPENSATION FUND CORPORATION	

Principal Place of Business 392 EAST 6400 SOUTH MURRAY, UT 84107	Mailing Address PO BOX 57929 SALT LAKE CITY, UT 84157-0929
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082004 Chg-P CR2E034 (10/03)

4. FEI Number 87-0407018		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMMERHAYS, LANE A 392 EAST 6400 SOUTH MURRAY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALLANAN, THOMAS E 392 EAST 6400 SOUTH MURRAY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LLOYD, DENNIS V. 392 EAST 6400 SOUTH MURRAY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKUP, RAY D 392 EAST 6400 SOUTH MURRAY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GREEN, MELVIN C 392 EAST 6400 SOUTH MURRAY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, S. CAMILLE 392 EAST 6400 SOUTH MURRAY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dennis V. Lloyd **Dennis V. Lloyd, Secretary** **1-8-04** **801-288-8159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#FD000003098

10. Officers and Directors – Workers Compensation Fund Corporation, FEIN #87-0407018

54009906

Title: V
Name: Robert H. Short
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: D Addition
Name: Howard E. Dransfield
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: D Addition
Name: Robert D. Myrick
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: D Addition
Name: Judd A. Turner
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: D Addition
Name: Dallas H. Bradford
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107