

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857908

Entity Name: ADVANTAGE WORKERS COMPENSATION INSURANCE
COMPANY**Current Principal Place of Business:**1100 EAST 6600 SOUTH, #280
MURRAY, UT 84121**Current Mailing Address:**P.O. BOX 571918
SALT LAKE CITY, UT 84157-1918 US**FEI Number: 13-3088732****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title	PD
Name	KUBALL, GLEN S
Address	1100 EAST 6600 SOUTH, #280
City-State-Zip:	MURRAY UT 84121

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

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

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

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

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

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**SECRETARY****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date