

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**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**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90154 004 \*\*\*150.00

**20012897**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL BLDG  
TALLAHASSEE FL 32301**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**PD  
CALLANAN, THOMAS E  
392 EAST 6400 SOUTH  
MURRAY UT 84107** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
MARECK, TERESA J  
392 EAST 6400 SOUTH  
MURRAY UT 84107** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
PICKUP, RAY D  
392 EAST 6400 SOUTH  
MURRAY UT 84107** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
SUMMERHAYS, LANE A  
392 EAST 6400 SOUTH  
MURRAY UT 84107** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DRANSFIELD, HOWARD E  
392 EAST 6400 SOUTH  
MURRAY UT 84107** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GREEN, MELVIN C  
392 EAST 6400 SOUTH  
MURRAY UT 84107** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03**

Date

**801-288-8750**

Daytime Phone #

CR2E034 (10/02)

Attachment #  
857908 20012897

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  
Addition

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

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

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