

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857908

Entity Name: ADVANTAGE WORKERS COMPENSATION INSURANCE
COMPANY**Current Principal Place of Business:**100 WEST TOWNE RIDGE PKWY #110
SANDY, UT 84070**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
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	D
Name	GLISSMEYER, AUGUST JR.
Address	1100 EAST 6600 SOUTH, #280
City-State-Zip:	MURRAY UT 84121

Title	SECRETARY
Name	SELF, STEVEN R
Address	100 WEST TOWNE RIDGE PKWY #110
City-State-Zip:	SANDY UT 84070

Title	DIRECTOR
Name	SMITH, CRAIG
Address	100 WEST TOWNE RIDGE PKWY #110
City-State-Zip:	SANDY UT 84070

Title	C
Name	SUMMERHAYS, LANE A
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

Title	TREASURER
Name	WRIGHT, NICHOLAS B
Address	100 WEST TOWNE RIDGE PKWY #110
City-State-Zip:	SANDY UT 84070

Title	DIRECTOR
Name	VAN DE GRAAF, JACOBUS J
Address	100 WEST TOWNE RIDGE PKWY #110
City-State-Zip:	SANDY UT 84070

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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: GLEN S KUBALL**PRESIDENT & CEO****04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SEITZ, DANIEL B
Address	111 MONUMENT CIRCLE, #2700
City-State-Zip:	INDIANAPOLIS IN 46204