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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90134 043 ***150.00

DOCUMENT # **857908**

1. Corporation Name

~~MANAGEDCOMP NATIONAL INSURANCE COMPANY~~

Advantage Workers Compensation Insurance Company

Principal Place of Business

100 FIFTH AVENUE
WALTHAM MA 02454
US

Mailing Address

100 5TH AVE
WALTHAM MA 02454
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1983

4. FEI Number

13-3088732

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 392 East 6400 South

Suite, Apt. #, etc.

22

City & State

23 Murray, UT

Zip

Country

24 84107

25

USA

2a. Mailing Address

26 P.O. Box 571918

Suite, Apt. #, etc.

27

City & State

28 Salt Lake City, UT

Zip

Country

29 84157-1918

30

USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	WALTER, JAMES M	
STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FROUDE, NANCY A	
STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WHITT, LEO T	
STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTER, JAMES M	
STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GICE, JOH H	
STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEITZ, DANIEL B	
STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	WALTHAM MA 02454	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas E. Callanan	
1.3 STREET ADDRESS	392 East 6400 South	
1.4 CITY-ST-ZIP	Murray UT 84107	
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Teresa J. Mareck	
2.3 STREET ADDRESS	392 East 6400 South	
2.4 CITY-ST-ZIP	Murray UT 84107	
3.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ray D. Pickup	
3.3 STREET ADDRESS	392 East 6400 South	
3.4 CITY-ST-ZIP	Murray UT 84107	
4.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lane A. Summerhays	
4.3 STREET ADDRESS	392 East 6400 South	
4.4 CITY-ST-ZIP	Murray UT 84107	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Howard E. Dransfield	
5.3 STREET ADDRESS	392 East 6400 South	
5.4 CITY-ST-ZIP	Murray UT 84107	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Melvin C. Green	
6.3 STREET ADDRESS	392 East 6400 South	
6.4 CITY-ST-ZIP	Murray UT 84107	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an Attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa J. Mareck

April 8, 1999

Date

801-288-8395

Daytime Phone #

CR2E034 (1/1/98)