

1.) CORPORATION NAME:

Advantage Workers Compensation Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **3/31/2011**

SCC ID NO: **F1660937**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 E 6600 S #280

CITY/ST/ZIP: MURRAY, UT 84121-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS E CALLANAN
TITLE: PRES/CEO
ADDRESS: 1100 EAST 6600 SOUTH, #280
CITY/ST/ZIP/CO: MURRAY, UT 84121-

OFFICER

DIRECTOR

NAME: LINDA M FELLER
TITLE: VP/CFO
ADDRESS: 1100 EAST 6600 SOUTH, #280
CITY/ST/ZIP/CO: MURRAY, UT 84121-

OFFICER

DIRECTOR

NAME: DEALLEN L GOODWIN
TITLE: VICE PRESIDENT
ADDRESS: 1100 EAST 6600 SOUTH, #280
CITY/ST/ZIP/CO: MURRAY, UT 84121-

OFFICER

DIRECTOR

NAME: TERESA J MARECK
TITLE: VP/GNRL CNL
ADDRESS: 1100 EAST 6600 SOUTH, #280
CITY/ST/ZIP/CO: MURRAY, UT 84121-

OFFICER

DIRECTOR

NAME: AUGUST GLISSMEYER, JR.
TITLE: DIRECTOR
ADDRESS: 1100 EAST 6600 SOUTH, #280
CITY/ST/ZIP/CO: MURRAY, UT 84121-

OFFICER

DIRECTOR

NAME: RAY D PICKUP TITLE: DIRECTOR ADDRESS: 1100 EAST 6600 SOUTH, #280 CITY/ST/ZIP/CO: MURRAY, UT 84121-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LANE A SUMMERHAYS TITLE: DIRECTOR ADDRESS: 1100 EAST 600 SOUTH, #280 CITY/ST/ZIP/CO: MURRAY, UT 84121-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL B SEITZ TITLE: DIRECTOR ADDRESS: 111 MONUMENT CIRCLE, #2700 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JACOBUS J VAN DE GRAAF TITLE: DIRECTOR ADDRESS: 2390 CAT TAIL POND RD CITY/ST/ZIP/CO: JOHNS ISLAND, SC 29455-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARDS D BARGER TITLE: DIRECTOR ADDRESS: 633 WEST 5TH STREET, 47TH FLOOR CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ TERESA J MARECK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERESA J MARECK, VP/GNRL _____ CNL PRINTED NAME AND CORPORATE TITLE
2/17/2011 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	