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**BY CERTIFIED MAIL
8416 785 687**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 27 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004276 (2)

1. Corporation Name

WORKMEN'S AUTO INSURANCE COMPANY

Principal Place of Business

714 WEST OLYMPIC BOULEVARD
LOS ANGELES CA 90015

Mailing Address

714 WEST OLYMPIC BOULEVARD
LOS ANGELES CA 90015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/21/1993** 3a. Date of Last Report **02/08/1994**

4. FEI Number **95-0895070** Applied For Not 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

25 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SHAMMAS, NICKOLAS NASIM
STREET ADDRESS	2639 RIVIERA DRIVE
CITY- ST- ZIP	LAGUNA BEACH CA 92651
TITLE	D
NAME	SHAMMAS, RUTH JEANETTE
STREET ADDRESS	2639 RIVIERA DRIVE
CITY- ST- ZIP	LAGUNA BEACH CA 92651
TITLE	DPC
NAME	NEVITT, GEORGE ALLEN JR.
STREET ADDRESS	1707 RIVERSIDE DRIVE
CITY- ST- ZIP	BURBANK CA 91508
TITLE	D
NAME	SHAMMAS, CAROLE JEANETT
STREET ADDRESS	440 MCCADDEN PLACE
CITY- ST- ZIP	LOS ANGELES CA
TITLE	D
NAME	HOLTER, DARRYL OLIVER
STREET ADDRESS	440 MCCADEN PL.
CITY- ST- ZIP	LOS ANGELES CA 90020
TITLE	VPST
NAME	VERRENGIA, RUDOLPH A.
STREET ADDRESS	6472 NANCY STREET
CITY- ST- ZIP	LOS ANGELES CA 90045

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sr. vice Pres. Claims	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert J. Sharp	
1.3 STREET ADDRESS	21730 Mackenzie Ave	
1.4 CITY- ST- ZIP	Yorba Linda CA 92687	
2.1 TITLE	Sr. Vice Pres. Oprations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Theodore W. Budlong	
2.3 STREET ADDRESS	2305 Effie St	
2.4 CITY- ST- ZIP	Los Angeles CA 90026	
3.1 TITLE	Vice Pres. Info Systems	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carlos M. Vazquez	
3.3 STREET ADDRESS	5830 So. Adele Ave	
3.4 CITY- ST- ZIP	Whittier, CA 90606	
4.1 TITLE	Vice Pres. San Bruno Off	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gayle E. Johnson	
4.3 STREET ADDRESS	925 Elm St.	
4.4 CITY- ST- ZIP	San Carlos CA94070	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 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 checked, or on an attachment with an endorsement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 1995 (213) 747-642

(213) 747-642

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