

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004276 (2)**

1. Corporation Name  
**WORKMEN'S AUTO INSURANCE COMPANY**



Principal Place of Business <b>714 WEST OLYMPIC BOULEVARD LOS ANGELES CA 90015</b>	Mailing Address <b>714 WEST OLYMPIC BOULEVARD LOS ANGELES CA 90015-1425</b>
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3. Date Incorporated or Qualified <b>09/21/1993</b>	3a. Date of Last Report <b>02/05/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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4. FEI Number <b>95-0895070</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>SHAMMAS, NICKOLAS NASIM</b> 2839 RIVIERA DRIVE LAGUNA BEACH CA	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>SHAMMAS, RUTH JEANETTE</b> 2839 RIVIERA DRIVE LAGUNA BEACH CA 92651	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DPC</b>	<input type="checkbox"/> DELETE <b>NEVITT, GEORGE ALLEN JR.</b> 1707 RIVERSIDE DRIVE BURBANK CA 91506	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>SHAMMAS, CAROLE JEANETT</b> 440 MCCADDEN PLACE LOS ANGELES CA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>HOLTER, DARRYL OLIVER</b> 440 MCCADEN PL. LOS ANGELES CA 90020	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VPST</b>	<input checked="" type="checkbox"/> DELETE <b>VERRENGIA, RUDOLPH A.</b> 1357 E. GRAND AVE., APT. "C" EL SEGUNDO CA	6.1 TITLE <b>SVPST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Gerald Whelply</b> 26971 Cuatro Milpas Valencia, CA

14. I do 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 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.

SIGNATURE: Gerald Whelply 01/08/97 (213) 747-6492  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)