

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26a</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>09/21/1993</b>	
<b>4.</b> FEI Number <b>95-0895070</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (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> SHAMMAS, NICKOLAS NASIM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2639 RIVIERA DRIVE</b>	1.2 NAME	
STREET ADDRESS	<b>LAGUNA BEACH CA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>D</b> SHAMMAS, RUTH JEANETTE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2639 RIVIERA DRIVE</b>	2.2 NAME	
STREET ADDRESS	<b>LAGUNA BEACH CA 92651</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>DPC</b> NEVITT, GEORGE ALLEN JR. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Director/President/CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1707 RIVERSIDE DRIVE</b>	3.2 NAME	<b>Sharp, Robert J.</b>
STREET ADDRESS	<b>BURBANK CA 91508</b>	3.3 STREET ADDRESS	<b>21730 MacKenzie Place</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Yorba Linda, CA</b>
TITLE	<b>D</b> SHAMMAS, CAROLE JEANETT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>440 MCCADEN PLACE</b>	4.2 NAME	
STREET ADDRESS	<b>LOS ANGELES CA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>D</b> HOLTER, DARRYL OLIVER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>440 MCCADEN PL.</b>	5.2 NAME	
STREET ADDRESS	<b>LOS ANGELES CA 90020</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>SVST</b> WHELPLY, GERALD <input type="checkbox"/> DELETE	6.1 TITLE	<b>Exec. Vice Pres/Secr/Trea</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>26971 CUATRO MILPAS</b>	6.2 NAME	
STREET ADDRESS	<b>VALENCIA CA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** I 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 L. Whelply* Gerald L. Whelply, Exec Vice Pres. 4/02/98 800-697-6117

CR2E034 (10/97)