

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90191 025 \*\*\*150.00

0653455

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F93000004276**

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>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1993</b>	
21		26		4. FEI Number <b>95-0395070</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMMAS, NICKOLAS NASIM	1.2 NAME	
STREET ADDRESS	2639 RIVIERA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA BEACH CA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMMAS, RUTH JEANETTE	2.2 NAME	
STREET ADDRESS	2639 RIVIERA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA BEACH CA 92651	2.4 CITY-ST-ZIP	
TITLE	DPCE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, ROBERT J.	3.2 NAME	
STREET ADDRESS	21730 MACKENZIE PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	YORBA LINDA CA 91506	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMMAS, CAROLE JEANETT	4.2 NAME	
STREET ADDRESS	440 MCCADDEN PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTER, DARRYL OLIVER	5.2 NAME	
STREET ADDRESS	440 MCCADEN PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90020	5.4 CITY-ST-ZIP	
TITLE	EVPS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELPLY, GERALD	6.2 NAME	
STREET ADDRESS	26971 CUATRO MILPAS	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALENCIA CA	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, with all other like empowered

SIGNATURE: Gerald L. Whelply **Gerald L. Whelply, Exec. Vice-Pres.** 4/14/99 800-697-6117  
SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)