

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90317 043 \*\*\*150.00

**DOCUMENT # F93000004276**

1. Entity 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
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**951758**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>95-0895070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	<b>V SHAMMAS, NICKOLAS NASIM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2639 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>LAGUNA BEACH CA</b>	
TITLE NAME	<b>D SHAMMAS, RUTH JEANETTE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2639 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>LAGUNA BEACH CA 92651</b>	
TITLE NAME	<b>DPCE SHARP, ROBERT J.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>21730 MACKENZIE PL</b>	
CITY-ST-ZIP	<b>YORBA LINDA CA 91506</b>	
TITLE NAME	<b>D SHAMMAS, CAROLE JEANETT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>440 MCCADDEN PLACE</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE NAME	<b>D HOLTER, DARRYL OLIVER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>440 MCCADEN PL.</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA 90020</b>	
TITLE NAME	<b>EVPS WHELPLY, GERALD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>26971 CUATRO MILPAS</b>	
CITY-ST-ZIP	<b>VALENCIA CA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald L. Whelply **Gerald L. Whelply, Exec. V.P.** 4/02/01 800-697-6117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)