

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90169 006 ***150.00

DOCUMENT # F93000004276
 1. Entity Name
WORKMEN'S AUTO INSURANCE COMPANY

Principal Place of Business Mailing Address
714 WEST OLYMPIC BOULEVARD **714 WEST OLYMPIC BOULEVARD**
LOS ANGELES CA 90015 **LOS ANGELES CA 90015**

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 Applied For
95-0895070 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

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, 2002 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	V	<input type="checkbox"/> Delete
NAME	SHAMMAS, NICKOLAS NASIM	
STREET ADDRESS	2639 RIVIERA DRIVE	
CITY-ST-ZIP	LAGUNA BEACH CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAMMAS, RUTH JEANETTE	
STREET ADDRESS	2639 RIVIERA DRIVE	
CITY-ST-ZIP	LAGUNA BEACH CA 92651	
TITLE	DPCE	<input type="checkbox"/> Delete
NAME	SHARP, ROBERT J.	
STREET ADDRESS	21730 MACKENZIE PL	
CITY-ST-ZIP	YORBA LINDA CA 91506	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAMMAS, CAROLE JEANETT	
STREET ADDRESS	440 MCCADDEN PLACE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTER, DARRYL OLIVER	
STREET ADDRESS	440 MCCADEN PL.	
CITY-ST-ZIP	LOS ANGELES CA 90020	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	WHELPLY, GERALD	
STREET ADDRESS	26971 CUATRO MILPAS	
CITY-ST-ZIP	VALENCIA CA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]* **Executive Vice President** 04/15/02 800-697-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)