
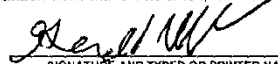


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90023 007 \*\*\*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	
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 95-0895070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHAMMAS, NICKOLAS NASIM 2639 RIVIERA DRIVE LAGUNA BEACH, CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shammas, Diane 702 Emerald Bay Laguna Beach, CA 92651
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMMAS, RUTH JEANETTE 2639 RIVIERA DRIVE LAGUNA BEACH, CA 92651 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman (C) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shammas, Ruth Jeanette 2639 Riviera Drive Laguna Beach, CA 92651
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARP, ROBERT J. 21730 MACKENZIE PL YORBA LINDA, CA 91506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMMAS, CAROLE JEANETT 440 MCCADDEN PLACE LOS ANGELES, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTER, DARRYL OLIVER 440 MCCADEN PL. LOS ANGELES, CA 90020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WHELPLY, GERALD 714 WEST OLYMPIC BLVD LOS ANGELES, CA 90015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Gerald L. Whelply	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		04-06-04	
		800-697-6117	
		Daytime Phone #	

54034045



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