


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90974 008 ***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		4. FEI Number 95-0895070			
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAMMAS, DIANE		NAME	DIANE S. SHAMMAS			
STREET ADDRESS	702 EMERALD BAY		STREET ADDRESS	714 W OLYMPIC BLVD			
CITY-ST-ZIP	LAGUNA BEACH, CA 92651		CITY-ST-ZIP	LOS ANGELES CA 90015			
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHAMMAS, RUTH J		NAME	JEANETTE H SHAMMAS			
STREET ADDRESS	2639 RIVIERA DRIVE		STREET ADDRESS	714 W OLYMPIC BLVD			
CITY-ST-ZIP	LAGUNA BEACH, CA 92651		CITY-ST-ZIP	LOS ANGELES CA 90015			
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHARP, ROBERT J.		NAME	NICHOLAS J. LANNUTTI			
STREET ADDRESS	21730 MACKENZIE PL		STREET ADDRESS	714 W OLYMPIC BLVD			
CITY-ST-ZIP	YORBA LINDA, CA 91506		CITY-ST-ZIP	LOS ANGELES CA 90015			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAMMAS, CAROLE JEANETT		NAME	CAROLE J. SHAMMAS			
STREET ADDRESS	440 MCCADDEN PLACE		STREET ADDRESS	714 W OLYMPIC BLVD			
CITY-ST-ZIP	LOS ANGELES, CA		CITY-ST-ZIP	LOS ANGELES CA 90015			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLTER, DARRYL OLIVER		NAME	DARRYL O. HOLTER			
STREET ADDRESS	440 MCCADEN PL.		STREET ADDRESS	714 W OLYMPIC BLVD			
CITY-ST-ZIP	LOS ANGELES, CA 90020		CITY-ST-ZIP	LOS ANGELES CA 90015			
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	V ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WHELPLY, GERALD		NAME	DENISE M. TYSON			
STREET ADDRESS	714 WEST OLYMPIC BLVD		STREET ADDRESS	714 W OLYMPIC BLVD			
CITY-ST-ZIP	LOS ANGELES, CA 90015		CITY-ST-ZIP	LOS ANGELES CA 90015			
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: <i>Denise M. Tyson</i>			DENISE M. TYSON				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/20/05 Daytime Phone #				



01202005 Chg-P CR2E034 (10/03)

4. FEI Number 95-0895070 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: SHAMMAS, DIANE STREET ADDRESS: 702 EMERALD BAY CITY-ST-ZIP: LAGUNA BEACH, CA 92651 <input type="checkbox"/> Delete	TITLE: D NAME: DIANE S. SHAMMAS STREET ADDRESS: 714 W OLYMPIC BLVD CITY-ST-ZIP: LOS ANGELES CA 90015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: SHAMMAS, RUTH J STREET ADDRESS: 2639 RIVIERA DRIVE CITY-ST-ZIP: LAGUNA BEACH, CA 92651 <input checked="" type="checkbox"/> Delete	TITLE: C NAME: JEANETTE H SHAMMAS STREET ADDRESS: 714 W OLYMPIC BLVD CITY-ST-ZIP: LOS ANGELES CA 90015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: SHARP, ROBERT J. STREET ADDRESS: 21730 MACKENZIE PL CITY-ST-ZIP: YORBA LINDA, CA 91506 <input checked="" type="checkbox"/> Delete	TITLE: D P NAME: NICHOLAS J. LANNUTTI STREET ADDRESS: 714 W OLYMPIC BLVD CITY-ST-ZIP: LOS ANGELES CA 90015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SHAMMAS, CAROLE JEANETT STREET ADDRESS: 440 MCCADDEN PLACE CITY-ST-ZIP: LOS ANGELES, CA <input type="checkbox"/> Delete	TITLE: D NAME: CAROLE J. SHAMMAS STREET ADDRESS: 714 W OLYMPIC BLVD CITY-ST-ZIP: LOS ANGELES CA 90015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HOLTER, DARRYL OLIVER STREET ADDRESS: 440 MCCADEN PL. CITY-ST-ZIP: LOS ANGELES, CA 90020 <input type="checkbox"/> Delete	TITLE: D NAME: DARRYL O. HOLTER STREET ADDRESS: 714 W OLYMPIC BLVD CITY-ST-ZIP: LOS ANGELES CA 90015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VST NAME: WHELPLY, GERALD STREET ADDRESS: 714 WEST OLYMPIC BLVD CITY-ST-ZIP: LOS ANGELES, CA 90015 <input checked="" type="checkbox"/> Delete	TITLE: V ST NAME: DENISE M. TYSON STREET ADDRESS: 714 W OLYMPIC BLVD CITY-ST-ZIP: LOS ANGELES CA 90015 <input type="checkbox"/> Change <input checked="" 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: *Denise M. Tyson* DENISE M. TYSON
 Date: 4/20/05 Daytime Phone #