



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90223 001 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
		4. FEI Number 95-0895070	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMMAS, DIANE	NAME	
STREET ADDRESS	714 W OLYMPIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90015	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMMAS, JEANETTE H	NAME	
STREET ADDRESS	714 W OLYMPIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90015	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNUTTI, NICHOLAS J	NAME	
STREET ADDRESS	714 W OLYMPIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90015	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMMAS, CAROLE JEANETT	NAME	
STREET ADDRESS	714 W OLYMPIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90015	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTER, DARRYL OLIVER	NAME	
STREET ADDRESS	714 W OLYMPIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90015	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, DENISE M	NAME	
STREET ADDRESS	714 W OLYMPIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90015	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 04/30/08 Daytime Phone #: 913 747 6424	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	