

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004276

FILED
Apr 06, 2012
Secretary of State

Entity Name: WORKMEN'S AUTO INSURANCE COMPANY

Current Principal Place of Business:

714 WEST OLYMPIC BOULEVARD
800
LOS ANGELES, CA 90015

New Principal Place of Business:

Current Mailing Address:

714 WEST OLYMPIC BOULEVARD
800
LOS ANGELES, CA 90015

New Mailing Address:

FEI Number: 95-0895070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: SHAMMAS, DIANE S
Address: 714 W OLYMPIC BLVD
City-St-Zip: LOS ANGELES, CA 90015

Title: C
Name: SHAMMAS, JEANETTE H
Address: 714 W OLYMPIC BLVD
City-St-Zip: LOS ANGELES, CA 90015

Title: DP
Name: LANNUTTI, NICHOLAS J
Address: 714 W OLYMPIC BLVD
City-St-Zip: LOS ANGELES, CA 90015

Title: D
Name: SHAMMAS, CAROLE J
Address: 714 W OLYMPIC BLVD
City-St-Zip: LOS ANGELES, CA 90015

Title: D
Name: HOLTER, DARRYL O
Address: 714 W OLYMPIC BLVD
City-St-Zip: LOS ANGELES, CA 90015

Title: VST
Name: TYSON, DENISE M
Address: 714 W OLYMPIC BLVD
City-St-Zip: LOS ANGELES, CA 90015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENISE M TYSON

CFO

04/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date