

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90163 041 ***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**

11009210



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SHAMMAS, NICKOLAS NASIM 2639 RIVIERA DRIVE LAGUNA BEACH CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAMMAS, RUTH JEANETTE 2639 RIVIERA DRIVE LAGUNA BEACH CA 92651 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPCE SHARP, ROBERT J. 21730 MACKENZIE PL YORBA LINDA CA 91506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAMMAS, CAROLE JEANETT 440 MCCADDEN PLACE LOS ANGELES CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLTER, DARRYL OLIVER 440 MCCADEN PL. LOS ANGELES CA 90020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPS WHELPLY, GERALD 26971 CUATRO MILPAS VALENCIA CA |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman (C) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director(D), President(P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Pres(V), Secretary(S), Treasurer(T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Whelply, Gerald 714 West Olympic Blvd. 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: *Gerald Whelply* **WHELPLY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-03 800-697-6117
Date Daytime Phone #

CR2E034 (10/02)