

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004276

Entity Name: WORKMEN'S AUTO INSURANCE COMPANY

Current Principal Place of Business:

714 WEST OLYMPIC BOULEVARD
800
LOS ANGELES, CA 90015

Current Mailing Address:

714 WEST OLYMPIC BOULEVARD
800
LOS ANGELES, CA 90015

FEI Number: 95-0895070

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title DIRECTOR
Name TIRADOR, GABRIEL
Address 714 WEST OLYMPIC BOULEVARD
800
City-State-Zip: LOS ANGELES CA 90015

Title DIRECTOR
Name CLARK, NORRIS W
Address 714 W OLYMPIC BLVD
800
City-State-Zip: LOS ANGELES CA 90015

Title DIRECTOR
Name FRANZEN, DON E
Address 714 W OLYMPIC BLVD
800
City-State-Zip: LOS ANGELES CA 90015

Title PRESIDENT, TREASURER, DIRECTOR
Name SCHROEDER, JEFFREY M
Address 714 W OLYMPIC BLVD
800
City-State-Zip: LOS ANGELES CA 90015

Title SECRETARY
Name MILLER, JOSEPH B
Address 714 WEST OLYMPIC BOULEVARD
800
City-State-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: JEFFREY M. SCHROEDER

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date