FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004276 (2)**

1. Corporation 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

Certified Z 285 905 991

3. Date Incorporated or Qualified: 09/21/1993	3a. Date of Last Report: 01/27/1995
4. FEI Number: 95-0895070	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21) Street Address, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Street Address, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required if this is a change) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE: V	☐ DELETE	1.1 TYPE	☐ Change ☐ Addition
NAME: SHAMMAS, NICKOLAS NASIM		1.2 NAME	
STREET ADDRESS: 2639 RIVIERA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: LAGUNA BEACH CA		1.4 CITY-ST-ZIP	
TYPE: D	☐ DELETE	2.1 TYPE	☐ Change ☐ Addition
NAME: SHAMMAS, RUTH JEANETTE		2.2 NAME	
STREET ADDRESS: 2639 RIVIERA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: LAGUNA BEACH CA 92651		2.4 CITY-ST-ZIP	
TYPE: DPC	☐ DELETE	3.1 TYPE	☐ Change ☐ Addition
NAME: NEVITT, GEORGE ALLEN JR.		3.2 NAME	
STREET ADDRESS: 1707 RIVERSIDE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: BURBANK CA 91506		3.4 CITY-ST-ZIP	
TYPE: D	☐ DELETE	4.1 TYPE	☐ Change ☐ Addition
NAME: SHAMMAS, CAROLE JEANETT		4.2 NAME	
STREET ADDRESS: 440 MCCADDEN PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP: LOS ANGELES CA		4.4 CITY-ST-ZIP	
TYPE: D	☐ DELETE	5.1 TYPE	☐ Change ☐ Addition
NAME: HOLTER, DARRYL OLIVER		5.2 NAME	
STREET ADDRESS: 440 MCCADEN PL.		5.3 STREET ADDRESS	
CITY-ST-ZIP: LOS ANGELES CA 90020		5.4 CITY-ST-ZIP	
TYPE: VPST	☐ DELETE	6.1 TYPE	☒ Change ☐ Addition
NAME: VERRENGIA, RUDOLPH A.		6.2 NAME	
STREET ADDRESS: 6472 NANCY STREET		6.3 STREET ADDRESS	1357 E. Grand Ave., Apt. "C"
CITY-ST-ZIP: LOS ANGELES CA 90045		6.4 CITY-ST-ZIP	El Segundo, CA 90245

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M.D. Surti M.D. SURTI, CONTROLLER 01/22/96 1 800 697 6117 X 230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)