

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90428 011 ***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 90015-1425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-0895070**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **SHAMMAS, NICKOLAS NASIM**
 STREET ADDRESS **2639 RIVIERA DRIVE**
 CITY-ST-ZIP **LAGUNA BEACH CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SHAMMAS, RUTH JEANETTE**
 STREET ADDRESS **2639 RIVIERA DRIVE**
 CITY-ST-ZIP **LAGUNA BEACH CA 92651**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DPCE** ☐ Delete
 NAME **SHARP, ROBERT J.**
 STREET ADDRESS **21730 MACKENZIE PL**
 CITY-ST-ZIP **YORBA LINDA CA 91506**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SHAMMAS, CAROLE JEANETT**
 STREET ADDRESS **440 MCCADDEN PLACE**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HOLTER, DARRYL OLIVER**
 STREET ADDRESS **440 MCCADEN PL**
 CITY-ST-ZIP **LOS ANGELES CA 90020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVPS** ☐ Delete
 NAME **WHELPY, GERALD**
 STREET ADDRESS **26971 CUATRO MILPAS**
 CITY-ST-ZIP **VALENCIA CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald L. Welpy

GERALD L. WHELPY, EXEC. V.P.

4/18/00

800-697-6117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)