


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90296 027 ***150.00

DOCUMENT # F93000004276 1. Entity Name WORKMEN'S AUTO INSURANCE COMPANY	
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Principal Place of Business 714 WEST OLYMPIC BOULEVARD LOS ANGELES, CA 90015	Mailing Address 714 WEST OLYMPIC BOULEVARD LOS ANGELES, CA 90015
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 95-0895070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMMAS, DIANE 714 W OLYMPIC BLVD LOS ANGELES, CA 90015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHAMMAS, JEANETTE H 714 W OLYMPIC BLVD LOS ANGELES, CA 90015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANNUTTI, NICHOLAS J 714 W OLYMPIC BLVD LOS ANGELES, CA 90015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMMAS, CAROLE JEANETT 714 W OLYMPIC BLVD LOS ANGELES, CA 90015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTER, DARRYL OLIVER 714 W OLYMPIC BLVD LOS ANGELES, CA 90015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TYSON, DENISE M 714 W OLYMPIC BLVD LOS ANGELES, CA 90015

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **DENISE M. TYSON** **213747-6498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40087848

F93000004776

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Additional Directors of Workmen's Auto Insurance Company:

Title D

Don Eric Franzen 714 W. Olympic Blvd., Los Angeles, CA 90015