2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

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

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAMMAS, DIANE
STREET ADDRESS	714 W OLYMPIC BLVD
CITY-ST-ZIP	LOS ANGELES, CA 90015
TITLE	C
NAME	SHAMMAS, JEANETTE H
STREET ADDRESS	714 W OLYMPIC BLVD
CITY-ST-ZIP	LOS ANGELES, CA 90015
TITLE	DP
NAME	LANNUTTI, NICHOLAS J
STREET ADDRESS	714 W OLYMPIC BLVD
CITY-ST-ZIP	LOS ANGELES, CA 90015
TITLE	D
NAME	SHAMMAS, CAROLE JEANETT
STREET ADDRESS	714 W OLYMPIC BLVD
CITY-ST-ZIP	LOS ANGELES, CA 90015
TITLE	D
NAME	HOLTER, DARRYL OLIVER
STREET ADDRESS	714 W OLYMPIC BLVD
CITY-ST-ZIP	LOS ANGELES, CA 90015
TITLE	VST
NAME	TYSON, DENISE M
STREET ADDRESS	714 W OLYMPIC BLVD
CITY-ST-ZIP	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 4/3/2007 213-742-6492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #