

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 044 ***150.00

DOCUMENT # P16568

1. Entity Name
WESCO INSURANCE COMPANY



Principal Place of Business
**200 SOMERSET CORP BLVD
BRIDGEWATER, NJ 08807 US**

Mailing Address
**2700 SANDERS RD
ATTN: TAL DEPT 2S
PROSPECT HEIGHTS, IL 60070 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-P

CR2E034 (11/05)

4. FEI Number

85-0165753

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

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

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. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME COZZA, PATRICK A
STREET ADDRESS 200 SOMERSET CORPORATE BLVD STE 100
CITY-ST-ZIP BRIDGEWATER, NJ 08807

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

TITLE DVT ☐ Delete
NAME TITUS, TIMOTHY J
STREET ADDRESS 200 SOMERSET CORPORATE BLVD STE 100
CITY-ST-ZIP BRIDGEWATER, NJ 08807

TITLE VP-CCO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VGCS ☒ Delete
NAME KOMENSKY, A.M
STREET ADDRESS 200 SOMERSET CORPORATE BLVD STE 100
CITY-ST-ZIP BRIDGEWATER, NJ 08807

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

TITLE VD ☐ Delete
NAME LUNEMANN, G
STREET ADDRESS 2700 SANDERS RD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

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

TITLE AS ☐ Delete
NAME CARROLL, MARY ANN
STREET ADDRESS 2700 SANDERS RD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE AS ☒ Change ☐ Addition
NAME MICHAEL E. Pisano
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Pisano

Date

Daytime Phone #

4/3/06

844.564.6946