

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06601

**Entity Name:** W & R INSURANCE AGENCY, INC.**Current Principal Place of Business:**4707 EXECUTIVE DRIVE  
SAN DIEGO, CA 92121**Current Mailing Address:**4707 EXECUTIVE DRIVE  
SAN DIEGO, CA 92121 US**FEI Number:** 43-1357226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            CRAWFORD , JASON  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

Title            TREASURER  
Name            MITCHELL, CHRISTOPHER M.  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

Title            VP  
Name            OROSHAKOFF, , MICHELLE  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

Title            SECRETARY  
Name            WOODS, , GREGORY. M  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

Title            DIRECTOR  
Name            PETTMAN , ROBERT  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

Title            DIRECTOR  
Name            WHITE , BURT  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

Title            ASST. SECRETARY  
Name            HATFIELD, III , ROBERT S.  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

Title            VP  
Name            MCCORMICK, TYLER  
Address        4707 EXECUTIVE DRIVE  
City-State-Zip: SAN DIEGO CA 92121

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT S HATFIELD, III

ASST. SECRETARY

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date