

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14871

Entity Name: WELLS FARGO INSURANCE SERVICES OF WEST VIRGINIA, INC.**FILED**
Apr 30, 2015
Secretary of State
CC4639364173**Current Principal Place of Business:**1 HILLCREST DR EAST
CHARLESTON, WV 25311**Current Mailing Address:**1 HILLCREST DR EAST
CHARLESTON, WV 25311 US**FEI Number: 55-0329835****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	D
Name	BROGAN, KEVIN M
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	S
Name	MCCOMBS, DEBRA L
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	D
Name	WARTCHOW, TODD N
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	D
Name	LANGER-HANSEN, DONNA J
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

Title	T
Name	CALLAN, TINA T
Address	1 HILLCREST DR EAST
City-State-Zip:	CHARLESTON WV 25311

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: DEBRA L. MCCOMBS**SECRETARY****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date