

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16568

Entity Name: WESCO INSURANCE COMPANY**Current Principal Place of Business:**59 MAIDEN LANE
43RD FLOOR
NEW YORK, NY 10038**Current Mailing Address:**800 SUPERIOR AVE E, 21ST FL
CLEVELAND, OH 44114 US**FEI Number:** 85-0165753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 ZYSKIND, BARRY D
Address 59 MAIDEN LANE, 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title D
Name MILLER, JAY
Address 430 EAST 57TH STREET, APT 5D
City-State-Zip: NEW YORK NY 10022

Title TREASURER, DIRECTOR
Name SCHLACHTER, HARRY
Address 59 MAIDEN LANE, 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title ASST. SECRETARY
Name CLARK, JANIE
Address 800 SUPERIOR AVE E, 21ST FL
City-State-Zip: CLEVELAND OH 44114

Title D
Name DECARLO, DONALD
Address 1979 MARCUS AVENUE, SUITE 210
City-State-Zip: LAKE SUCCESS NY 11042

Title DIRECTOR, SECRETARY
Name UNGAR, STEPHEN
Address 59 MAIDEN LANE, 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title ASST. SECRETARY, VP
Name MOSES, BARRY
Address 800 SUPERIOR AVE E, 21ST FL
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR
Name HOLLANDER, STUART
Address 59 MAIDEN LANE, 43RD FL
City-State-Zip: NEW YORK NY 10038

Continues on page 2

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: STEPHEN UNGAR**SECRETARY****04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER, ASST VP
Name JOHNSON, JEFFREY
Address 800 SUPERIOR AVE E, 21ST FL
City-State-Zip: CLEVELAND OH 44114

Title ASST. TREASURER
Name HALBERSTAM, CHAIM
Address 59 SUPERIOR AVE E, 21ST FL
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name SAKS, DAVID
Address 59 MAIDEN LANE, 43RD FL
City-State-Zip: NEW YORK NY 10038