

2016 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	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, ASST. SECRETARY
Name	SCHLACHTER, HARRY
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038
Title	DIRECTOR
Name	HOLLANDER, STUART
Address	59 MAIDEN LANE, 43RD FL
City-State-Zip:	NEW YORK NY 10038

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

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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****05/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name LEO, JEFFREY
Address 59 MAIDEN LANE, 43RD FL
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACTUARY
Name MAYER , JEFFREY
Address 59 MAIDEN LANE, 43RD FL
City-State-Zip: NEW YORK NY 10038