

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90051 010 ***150.00

DOCUMENT # F01000006402

1. Entity Name
WNC INSURANCE SERVICES, INC.



Principal Place of Business
**899 EL CENTRO STREET
SOUTH PASADENA, CA 91030**

Mailing Address
**899 EL CENTRO STREET
SOUTH PASADENA, CA 91030**

2. Principal Place of Business
899 El Centro Street

3. Mailing Address
899 El Centro Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State
South Pasadena, CA

City & State
South Pasadena, CA

4. FEI Number
95-2956941

Applied For
Not Applicable

Zip
91030

Country
USA

Zip
91030

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEINRICH, NORMAN G
9150 S.W. 87TH AVENUE #106
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **HERRMANN, CARL L JR.**
STREET ADDRESS **375 LINDA VISTA DRIVE**
CITY-ST-ZIP **PASADENA, CA 91103**

TITLE **CFOS** ☐ Delete
NAME **ROBERT, GOSS**
STREET ADDRESS **1091 ELM RIDGE DRIVE**
CITY-ST-ZIP **GLENCOE, IL 60022**

TITLE **CFOS** ☒ Delete
NAME **DELEON, GLORIA G**
STREET ADDRESS **306 GOLDEN GROVE CT**
CITY-ST-ZIP **SIMI VALLEY, CA 93065**

TITLE **V** ☐ Delete
NAME **SLAUGHTER, HLEN M**
STREET ADDRESS **1654 SOUTH 5TH AVENUE**
CITY-ST-ZIP **MONROVIA, CA 91016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **Carl L. Herrmann III**
STREET ADDRESS **899 El Centro Street**
CITY-ST-ZIP **South Pasadena, CA 91030**

TITLE **Vice Chairman & CEO** ☐ Change ☒ Addition
NAME **Richard Riley**
STREET ADDRESS **899 El Centro St., South Pasadena CA 91030**

TITLE **Executive VP & CFO** ☐ Change ☒ Addition
NAME **Robert Goss**
STREET ADDRESS **899 El Centro St., South Pasadena, CA 91030**

TITLE **Director of Finance** ☐ Change ☒ Addition
NAME **Linda Long**
STREET ADDRESS **899 El Centro Street**
CITY-ST-ZIP **South Pasadena, CA 91030**

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: Linda Long Linda Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2005 (626) 463-6449
Date Daytime Phone #