

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006402

Entity Name: WNC INSURANCE SERVICES, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

899 EL CENTRO STREET
SOUTH PASADENA, CA 91030

New Principal Place of Business:

Current Mailing Address:

899 EL CENTRO STREET
SOUTH PASADENA, CA 91030

New Mailing Address:

FEI Number: 95-2956941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: HERRMANN, CARL L III
Address: 375 LINDA VISTA DRIVE
City-St-Zip: PASADENA, CA 91103

Title: SEC () Delete
Name: ROBERT, GOSS M
Address: 899 EL CENTRO ST.,
City-St-Zip: SOUTH PASADENA, CA 91030

Title: P,D () Delete
Name: KEELER, WILLIAM M
Address: 899 EL CENTRO STREET
City-St-Zip: SOUTH PASADENA, CA 91030

Title: VC () Delete
Name: HERRMANN, CARL L JR.
Address: 899 EL CENTRO STREET
City-St-Zip: SOUTH PASADENA, CA 91030

Title: D () Delete
Name: STINETTE, JOE L
Address: 899 EL CENTRO STREET
City-St-Zip: SOUTH PASADENA, CA 91030

Title: DF () Delete
Name: LONG, LINDA
Address: 899 EL CENTRO STREET
City-St-Zip: SOUTH PASADENA, CA 91030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STINETTE, JOE L JR.
Address: 899 EL CENTRO STREET
City-St-Zip: SOUTH PASADENA, CA 91030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA LONG

DF

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date