2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006402

Entity Name: WNC INSURANCE SERVICES, INC.

FILED Mar 17, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

899 EL CENTRO STREET SOUTH PASADENA, CA 91030

Current Mailing Address: New Mailing Address:

899 EL CENTRO STREET SOUTH PASADENA, CA 91030

FEI Number: 95-2956941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

HEINRICH, NORMAN G
9150 S.W. 87TH AVENUE #200
MIAMI, FL 33176 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: 03/17/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: EVF

Name: HERRMANN, CARL L III Address: 375 LINDA VISTA DRIVE City-St-Zip: PASADENA, CA 91103

Title: SEC

Name: GOSS, ROBERT M Address: 899 EL CENTRO ST.,

City-St-Zip: SOUTH PASADENA, CA 91030

Title: P,D

 Name:
 KEELER, WILLIAM M

 Address:
 899 EL CENTRO STREET

 City-St-Zip:
 SOUTH PASADENA, CA 91030

Title: VCD

 Name:
 HERRMANN, CARL L JR.

 Address:
 899 EL CENTRO STREET

 City-St-Zip:
 SOUTH PASADENA, CA 91030

Title: SRVP Name: LONG, LINDA

Address: 899 EL CENTRO STREET
City-St-Zip: SOUTH PASADENA, CA 91030

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: ROBERT M. GOSS SEC 03/17/2011