

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006402

Entity Name: WNC INSURANCE SERVICES, INC.**Current Principal Place of Business:**899 EL CENTRO STREET
SOUTH PASADENA, CA 91030**Current Mailing Address:**899 EL CENTRO STREET
SOUTH PASADENA, CA 91030**FEI Number:** 95-2956941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEINRICH, NORMAN G
9200 SOUTH DADELAND BLVD.
SUITE 409
MIAMI, FL 33156 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 P, D
Name HERRMANN III, CARL L
Address 899 EL CENTRO STREET
City-State-Zip: SOUTH PASADENA CA 91030

Title S,D
Name BLANDFORD, PATRICK M
Address 899 EL CENTRO ST.,
City-State-Zip: SOUTH PASADENA CA 91030

Title PVLD
Name HEINRICH, NORMAN G
Address 9200 DADELAND BLVD., SUITE 409
City-State-Zip: MIAMI FL 33156

Title DIR
Name HERRMANN, JR., CARL L
Address 899 EL CENTRO STREET
City-State-Zip: SOUTH PASADENA CA 91030

Title D
Name DOVER, JAMES
Address 899 EL CENTRO STREET
City-State-Zip: SOUTH PASADENA CA 91030

Title D
Name BRIGHT, JEFFREY
Address 899 EL CENTRO STREET
City-State-Zip: SOUTH PASADENA CA 91030

Title DIRECTOR
Name DECKER, JOHN P
Address 899 EL CENTRO STREET
City-State-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: HERRMANN III, CARL L.**PRESIDENT****03/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date