## **2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005492

**Entity Name: THP INSURANCE COMPANY** 

**Current Principal Place of Business:** 

1110 MAIN STREET WHEELING, WV 26003

**Current Mailing Address:** 

1110 MAIN STREET

WHEELING. WV 26003 US

FEI Number: 55-0765726 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Jan 03, 2022

**Secretary of State** 

5854538541CC

Officer/Director Detail:

Title DIRECTOR Title D, PRESIDENT PENTINO, DENISE D Name WRIGHT, JOHN E IV Name 1110 MAIN STREET Address 1110 MAIN STREET Address City-State-Zip: WHEELING WV 26003 WHEELING WV 26003 City-State-Zip:

Title DIRECTOR, TREASURER Title DIRECTOR, SECRETARY Name RALSTON, JAMES R Name KNIGHT, JEFFREY M Address 1110 MAIN STREET Address 1110 MAIN STREET WHEELING WV 26003 City-State-Zip: City-State-Zip: WHEELING WV 26003

Title DIRECTOR

Name HEATH, WESLEY
Address 1110 MAIN STREET
City-State-Zip: WHEELING WV 26003

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: JOHN E WRIGHT, IV

**PRESIDENT** 

01/03/2022

Electronic Signature of Signing Officer/Director Detail

Date