

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14871

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC9829543978**

**Entity Name:** WELLS FARGO INSURANCE SERVICES OF WEST VIRGINIA, INC.

**Current Principal Place of Business:**

1 HILLCREST DR EAST  
CHARLESTON, WV 25311

**Current Mailing Address:**

1 HILLCREST DR EAST  
CHARLESTON, WV 25311 US

**FEI Number:** 55-0329835

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name BROGAN, KEVIN M  
Address 1 HILLCREST DR EAST  
City-State-Zip: CHARLESTON WV 25311

Title S  
Name MCCOMBS, DEBRA L  
Address 1 HILLCREST DR EAST  
City-State-Zip: CHARLESTON WV 25311

Title D  
Name WARTCHOW, TODD N  
Address 1 HILLCREST DR EAST  
City-State-Zip: CHARLESTON WV 25311

Title D  
Name LANGER-HANSEN, DONNA J  
Address 1 HILLCREST DR EAST  
City-State-Zip: CHARLESTON WV 25311

Title T  
Name CALLAN, TINA T  
Address 1 HILLCREST DR EAST  
City-State-Zip: CHARLESTON WV 25311

*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: DEBRA L MCCOMBS**

**SECRETARY**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date