

1.) CORPORATION NAME:

WNC INSURANCE SERVICES, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1549874**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	20,000
COMNV	9,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 899 EL CENTRO ST

CITY/ST/ZIP: SOUTH PASADENA, CA 91030

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: Carl L. Herrmann, III TITLE: PRES/COO ADDRESS: 899 EL CENTRO STREET CITY/ST/ZIP/CO: SOUTH PASADENA, CA 91030</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Patrick M. Blandford TITLE: SECRETARY ADDRESS: 899 EL CENTRO STREET CITY/ST/ZIP/CO: SOUTH PASADENA, CA 91030</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LINDA LONG TITLE: DIRECTOR OF FIN ADDRESS: 899 EL CENTRO STREET CITY/ST/ZIP/CO: SOUTH PASADENA, CA 91030</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Norman G. Heinrich TITLE: DIRECTOR ADDRESS: 899 EL CENTRO STREET CITY/ST/ZIP/CO: SOUTH PASADENA, CA 91030</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: James Dover TITLE: DIRECTOR ADDRESS: 899 El Centro Street CITY/ST/ZIP/CO: South Pasadena, CA 91030</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Charles Franks TITLE: DIRECTOR ADDRESS: 899 El Centro Street CITY/ST/ZIP/CO: South Pasadena, CA 91030</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Carl L. Herrmann, Jr. TITLE: DIRECTOR ADDRESS: 899 El Centro Street CITY/ST/ZIP/CO: South Pasadena, CA 91030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: John P. Decker TITLE: DIRECTOR ADDRESS: 899 El Centro Street CITY/ST/ZIP/CO: South Pasadena, CA 91030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LINDA LONG	LINDA LONG, DIRECTOR OF FIN	5/1/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.