

1.) CORPORATION NAME:

WNC INSURANCE SERVICES, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

NAME:	CARL L. HERRMANN, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	899 EL CENTRO STREET		
CITY/ST/ZIP/CO:	SOUTH PASADENA, CA 91030		
NAME:	LINDA LONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	899 EL CENTRO STREET		
CITY/ST/ZIP/CO:	SOUTH PASADENA, CA 91030		
NAME:	PATRICK M. BLANDFORD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	899 EL CENTRO STREET		
CITY/ST/ZIP/CO:	SOUTH PASADENA, CA 91030		
NAME:	JEFFREY BRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	899 EL CENTRO STREET		
CITY/ST/ZIP/CO:	SOUTH PASADENA, CA 91030		
NAME:	JOHN P. DECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	899 EL CENTRO STREET		
CITY/ST/ZIP/CO:	SOUTH PASADENA, CA 91030		
NAME:	JAMES DOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	899 EL CENTRO STREET		
CITY/ST/ZIP/CO:	SOUTH PASADENA, CA 91030		

NAME: NORMAN G. HEINRICH 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: 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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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.

<u>/s/ CARL L. HERRMANN, III</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CARL L. HERRMANN, III,</u> PRES/COO PRINTED NAME AND CORPORATE TITLE	<u>4/17/2014</u> DATE
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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.