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Secretary of State
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Charleston, WV 25305



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FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)
FEE: \$25.00

WEST VIRGINIA ANNUAL ATTORNEY-IN-FACT FILING

Office Hrs: Monday – Friday
8:30 a.m. – 5:00 p.m. ET

1. **The Name of the Insurance Company is:** _____

Below you will find the information that is requested for your registered insurance company's annual filing. Please complete and return to our office along with the twenty-five dollar (\$25) attorney-in-fact fee by July 1 as required by [§33-4-12](#) of the West Virginia Code. Make checks payable to "West Virginia Secretary of State." **Please notice the signature line. If you change the agent for service of process, we will need a signature or written consent from the newly appointed agent.** This is a requirement of [§31D-5-502](#) and [§33-4-12](#) of the West Virginia Code.

2. **Principal Office Address:** _____

3. **Registered Agent's Name and Address
For Service of Process:** _____

4. **Signature of New Agent consenting
to the appointment (if applicable):** _____
New Agent Signature

5. **Signature/Title of person authorized to sign
on behalf of the company:** _____
Signature/Title

You may **mail the completed form with the \$25 payment** to the address at the top of the form **OR fax the completed form** to the fax number at the top of the form. If faxing the form, you must contact our office at 304-558-8000 and request to speak to the cashier to setup payment arrangement using a credit/debit card. Thank you for your attention to this matter. If you have any questions regarding this mailing, please contact our office and ask to speak with a member of our Business and Licensing Division at 304-558-8000.