

Natalie E. Tennant
Secretary of State
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Charleston, WV 25305



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2011 ANNUAL

**FILE ONE ORIGINAL
FEE: \$25.00**

ATTORNEY-IN-FACT FILING

Hrs: 8:30 a.m. – 5:00 p.m. ET

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, 2010 as required by §33-4-12 of the West Virginia Code. The check should be made payable to "WV Secretary of State." Please notice the signature line. If you *change* the agent for process, we will need a signature or written consent from the agent being appointed. This is a requirement of §31D-5-502 and §33-4-12 of the West Virginia Code.

1. Principal Office Address: _____

**2. Registered Agents Name and Address
For Service of Process:** _____

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

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

Signature/Title

Mail the form and \$25 check to the address on the top of the form.

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.