Annual Attorney-In-Fact Filing for Insurance Companies
for year _____ (enter the *CURRENT* calendar year) per WV Code 59-1-2a

Important Note: This form is a public document. Please **DO NOT provide any personal identifiable information on this form** such as social security numbers, bank account numbers, credit card numbers, or driver's license numbers.

1. **Name of the Organization:** _____

2. **Admitted Date:** _____ **In which State:** _____ **# of Employees:** _____

3. **Principal Office Address:** (if different, please make appropriate changes)
   Address 1: _____
   Address 2: _____
   City: _____ State: _____ Zip Code: _____

4. **Principal Mailing Address:** (if different, please make appropriate changes)
   Address 1: _____
   Address 2: _____
   City: _____ State: _____ Zip Code: _____

5. **Name and Mailing Address of person (Agent) to whom notice of process may be sent:** (if different, please make appropriate changes)
   Name: _____
   Address 1: _____
   Address 2: _____
   City: _____ State: _____ Zip Code: _____

*If NEW Agent, furnish **new Agent's signature**: _____

6. **Business E-mail address** where annual mailing notices may be sent: _____

7. **Website address** of the business, if any (*ex: yourdomainname.com*): _____

8. **REPORT MUST BE SIGNED in the name of the company by a(an): (1) officer of a corporation, (2) notice of process agent, or (3) power of attorney.**

   Signature: _____ **Date:** _____

   Title/Capacity of signer: _____ **Phone:** _____

Reset Form Print Form

FILING FEE: Filing deadline **5pm JULY 1** **$25**

MAKE CHECK, MONEY ORDER, OR CASHIER'S CHECK PAYABLE TO: **West Virginia Secretary of State**

MAIL COMPLETED REPORT AND PAYMENT TO:

West Virginia Secretary of State
Business & Licensing Division - Annual Reports
1900 Kanawha Blvd., East
Building 1, Suite 157-K
Charleston, WV 25305
Phone: (304) 558-8000
Fax: (304) 558-8381
www.wvsos.com