

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:** _____

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

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

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

<p>Charleston Office One-Stop Business Center 1615 Washington Street East Charleston, WV 25311 Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon. - Fri. 8:30a - 5:00p EST</p>	<p>Clarksburg Office North Central WV Business Center 200 West Main Street Clarksburg, WV 26301 Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST</p>	<p>Martinsburg Office Eastern Panhandle Business Center 229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654 Fax: (304) 260-4360 Hours: Mon. - Fri. 9:00a - 5:00p EST</p>
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Rev. 9/2018

Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE **CUSTOMER ORDER REQUEST** FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

1 EXPEDITED SERVICE (24-hour, 2-hour and 1-hour; *Requires standard filing fee plus additional expedite fee, *see below*)

<u>Expedite Service</u>	<u>*Fee</u>	<u>EXPEDITED SERVICE requests may be submitted by:</u>
24-Hour	\$ 25.00	- E-mail to efilings@wvsos.gov
2-Hour	\$250.00	- Fax
1-Hour	\$500.00	- Walk in delivery

2 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply.	STANDARD PROCESSING requests may be submitted by:
	- E-mail to CorpFilings@wvsos.gov
	- Fax
	- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the [e-Payment Authorization](#) form with your filing. **Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS
Standard and Expedited Filings

Charleston Office

One-Stop Business Center
 1615 Washington Street East
 Charleston, WV 25311
 Phone: (304) 558-8000
 Fax: (304) 558-8381
 Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office

North Central WV Business Center
 200 West Main Street
 Clarksburg, WV 26301
 Phone: (304) 367-2775
 Fax: (304) 627-2243
 Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office

Eastern Panhandle Business Center
 229 E. Martin Street
 Martinsburg, WV 25401
 Phone: (304) 356-2654
 Fax: (304) 260-4360
 Hours: Mon. - Fri. 9:00a - 5:00p EST



West Virginia Secretary of State
 Business & Licensing Division
 Tel: (304)558-8000
 Fax: (304)558-8381
 Website: www.wvsos.gov

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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

STOP **READ CAREFULLY BEFORE SUBMITTING** - Expedite service is **NOT AVAILABLE** for the following filings:
 >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
 >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

Order Processing Requested*: * * * **Expedite Processing Requires Additional Fees** * * *

<input type="checkbox"/> Standard Processing** (Avg. processing turnaround 5-10 business days) Email to: CorpFilings@wvsos.gov	<input type="checkbox"/> 24-HOUR Expedite*** (additional \$25.00 fee included)	<input type="checkbox"/> 2-HOUR Expedite (additional \$250.00 fee included)	<input type="checkbox"/> 1-HOUR Expedite (additional \$500.00 fee included)
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Email to: eFilings@wvsos.gov

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.
 **Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.
 ***NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.

Name of Entity: _____

Return filing to:
 (Return Address) _____

Contact Name: _____ Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: _____ Fax to: _____

Hold for Pick Up Mail to Return Address above FedEx: Acct # _____

Other (explain below): _____ UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount:

Payment Method:

<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Credit Card	<i>(Must attach e-Payment Authorization request form including payment information.)</i>
<input type="checkbox"/> Cash (<i>Do Not mail cash</i>)	<input type="checkbox"/> Pre-paid Acct #: _____	Attach signed pre-paid slip.



e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: Fax E-mail Mail

Payment by Card *(card holder name and billing address required below)*

Card Type: Visa Mastercard Discover American Express

Credit Card Number:

V Code*

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month: Year:

Amount to Charge Card: USD \$

Order Information *(required)*

Entity Name:

Card Holder Information:

Name as it appears on the account
Billing Address
City State Zip Code
Telephone Ext.

Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X _____ Date
Authorized Signature

Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____ Date
Authorized Signature

Not to Exceed Amount: USD \$