

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005779

FILED
Apr 16, 2004
Secretary of State

Entity Name: WELLS FARGO INSURANCE, INC.

Current Principal Place of Business:

C/O DONNA LUNDHOLM
600 SOUTH HIGHWAY 169, SUITE N9377-120
ST. LOUIS PARK, MN 55426

New Principal Place of Business:

Current Mailing Address:

C/O MARGARET WEBER
MAC # N9305-173
MINNEAPOLIS, MN 55479

New Mailing Address:

FEI Number: 41-0597845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KING, TIMOTHY J
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: EV () Delete
Name: VENO, STEVEN C
Address: 600 S HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST LOUIS PARK, MN 55426

Title: D () Delete
Name: BERG H, KEVIN P
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: V () Delete
Name: DZIEWCZNYSKI, HEIDI
Address: SIXTH AND MARQUETTE, MC N9305-133
City-St-Zip: MINNEAPOLIS, MN 55479

Title: V () Delete
Name: BIERDERMAN, KENNETH A
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: V () Delete
Name: BRAUN, DAVID
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MISURA, ELIAZBETH
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. KING

P

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date

MARGARET WEBER, ASST. SECRETARY
N9305-173
SIXTH & MARQUETTE
MINNEAPOLIS, MN 55479

HELEN W. LESLIE, SECRETARY
N93770-120
600 S. HIGHWAY 169
ST. LOUIS PARK, MN 55426