

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005779

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: WELLS FARGO INSURANCE, INC.

**Current Principal Place of Business:**

600 SOUTH HIGHWAY 169  
ST. LOUIS PARK, MN 55426

**New Principal Place of Business:**

**Current Mailing Address:**

600 S. HIGHWAY 169  
ST LOUIS PARK, MN 55426

**New Mailing Address:**

FEI Number: 41-0587845      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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ATTON, NEAL R  
Address: 600 S. HIGHWAY 169  
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: D  
Name: LEVY, RICHARD D  
Address: 600 S. HIGHWAY 169  
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: DEVP  
Name: MISURA, ELIAZBETH  
Address: 600 S. HIGHWAY 169  
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: S  
Name: LEVOIR, MOLLY A  
Address: 600 S. HIGHWAY 169  
City-St-Zip: ST. LOUIS PARK, MN 55426

I hereby 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 all other like empowered.

SIGNATURE: MOLLY A LEVOIR

S

04/27/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date