

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006732

FILED
May 12, 2009
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF ILLINOIS, INC.

Current Principal Place of Business:

650 E ALGONQUIN RD
STE 300
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

650 E ALGONQUIN RD
STE 300
SCHAUMBURG, IL 60173

New Mailing Address:

FEI Number: 36-2787048 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 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: GRECO, ROBERT M
Address: 150 N MICHIGAN AVE SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: VPAS () Delete
Name: BRODERICK, DEBORAH M
Address: 150 N MICHIGAN AVE SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: P () Delete
Name: SANCHEZ, JOSEPH P
Address: 1301 E 9TH STREET SUITE 3800
City-St-Zip: CLEVELAND, OH 441141874

Title: VPAS () Delete
Name: GRECO, ROBERT M
Address: 150 N MICHIGAN AVE SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: T () Delete
Name: OSTERMEIER, CHRISTINE M
Address: 150 N MICHIGAN AVE SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: VP () Delete
Name: SLONIGER, GRANT E VP
Address: 2107 S NEIL STREET
City-St-Zip: CHAMPAIGN, IL 61820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated in Chapter 119, 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: JOSEPH P. SANCHEZ

PRES

05/12/2009

Electronic Signature of Signing Officer or Director

_____ Date