## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000720

Entity Name: WELLS FARGO INSURANCE SERVICES OF ALABAMA, INC

FILED May 15, 2008 Secretary of State

		7 INCO INCOMO INCOLO CENTRO	TEO OT THE TENT (IVITA)		
Current Principal Place of Business:			New Princ	cipal Place of Business:	
	ARLAND BLVI OSA, AL 3540				
Current Mailing Address:			New Mailing Address:		
	ARLAND BLVI OSA, AL 3540				
FEI Number:	: 62-1817362	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS TALLAHAS	SSEE, FL 323	01 US			
	named entity: e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	gent	Date	
		3(2)(b), F.S., the corporation did r	not receive the prior notic	ce.	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BRODERICK, I	AN AVE., STE. 4100	Title: Name: Address: City-St-Zip:	SVPD (X) Change ( ) Addition BRODERICK, DEBORAH M. 150 N. MICHIGAN AVE., STE. 3900 CHICAGO, IL 60601	
Title: Name: Address: City-St-Zip:	BRODERICK, I	AN AVE., STE. 4100	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition BRODERICK, DEBORAH M. 150 N. MICHIGAN AVE., STE. 3900 CHICAGO, IL 60601	
Title: Name: Address: City-St-Zip:	GRECO, ROBE	AN AVE., STE. 4100	Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition GRECO, ROBERT M. 150 N. MICHIGAN AVE., STE. 3900 CHICAGO, IL 60601	
Title: Name: Address: City-St-Zip:	OSTERMEIER,	Delete CHRISTINE M. AN AVE., STE. 4100 00601	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition OSTERMEIER, CHRISTINE M. 150 N. MICHIGAN AVE., STE. 3900 CHICAGO, IL 60601	
Title:	Р (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT W. POELLNITZ, JR. P 05/15/2008

POELLNITZ, ROBERT W. JR.

TUSCALOOSA, AL 354062135

1701 MCFARLAND BLVD., NORTH

Name:

Address:

City-St-Zip: