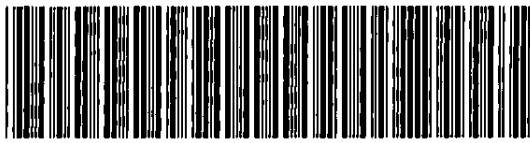


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032  
REFERENCE : 867464 7329165  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70.00

ORDER DATE : April 25, 2007  
ORDER TIME : 2:26 PM  
ORDER NO. : 867464-030  
CUSTOMER NO: 7329165

FOREIGN FILINGS

NAME: WELLS FARGO INSURANCE SERVICES  
OF KENTUCKY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Wells Fargo Insurance Services of Kentucky, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky 3. 61-0416340  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-26-1947 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 950 Breckenridge Lane, Suite 50, Louisville, KY 40207  
(Principal office address)

same  
(Current mailing address)

8. insurance agency  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Sue G. Knight  
(Registered agent's signature)

**Sue G. Knight  
as its agent**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See list attached

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert M. Greco

(Signature of Director or Officer listed in number 12 of the application)

14. Robert M. Greco, Secretary

(Typed or printed name and capacity of person signing application)

April 19, 2007

Officers and Directors  
WELLS FARGO INSURANCE SERVICES OF KENTUCKY, INC.

Name	Office Held	Business Address
Broderick, Deborah M.	Senior Vice President Asst. Secretary Director	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Crum, Billy J.	Senior Vice President and Assistant Treasurer	One Hillcrest Drive Charleston, WV 25311
Greco, Robert M.	Director Secretary	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Ostermeier, Christine M.	Treasurer	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Paterno, Andrew J.	President	One Hillcrest Drive Charleston, WV 25311

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**Trey Grayson**  
**Secretary of State**

**Certificate of Existence**

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TALLAHASSEE, FLORIDA

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**WELLS FARGO INSURANCE SERVICES OF KENTUCKY, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is September 26, 1947 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of April, 2007.



*Trey Grayson*

Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
mstratton/0043251 - Certificate ID: 47111