

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002295

FILED
Jan 11, 2008
Secretary of State

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

Current Principal Place of Business:

950 BRECKENRIDGE LANE
SUITE 50
LOUISVILLE, KY 40207

New Principal Place of Business:

Current Mailing Address:

950 BRECKENRIDGE LANE
SUITE 50
LOUISVILLE, KY 40207

New Mailing Address:

FEI Number: 61-0416340 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: VASD () Delete
Name: BRODERICK, DEBORAH M
Address: 150 N. MICHIGAN AVENUE #4100
City-St-Zip: CHICAGO, IL 60601

Title: SD () Delete
Name: GRECO, ROBERT M
Address: 150 N. MICHIGAN AVENUE #4100
City-St-Zip: CHICAGO, IL 60601

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

Title: VAT (X) Delete
Name: CRUM, BILLY J
Address: ONE HILLCREST DRIVE
City-St-Zip: CHARLESTON, WV 25311

Title: P () Delete
Name: PATERNO, ANDREW J
Address: ONE HILLCREST DRIVE
City-St-Zip: CHARLESTON, WV 25311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BRODERICK, DEBORAH M
Address: 150 N. MICHIGAN AVENUE #4100
City-St-Zip: CHICAGO, IL 60601

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

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Name:
Address:
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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: ANDREW PATERNO

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date