2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2008
Secretary of State

DOCUMENT# M05000001981

Entity Name: WELLS FARGO INSURANCE SERVICES OF OHIO, LLC

Current Principal Place of Business:

580 N. 4TH STREET
COLUMBUS, OH 432152153

New Principal Place of Business:

Current Mailing Address:

1301 E 9TH ST.
STE 3800
CLEVELAND, OH 441141874

New Mailing Address:

FEI Number: 34-1930606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MANAGING MEMBERS/MANAGERS:

Title:	PRES	( ) Delete
Name:	GOLDAPP, DANIEL J	
Address:	580 N 4TH ST. STE 400	
City-St-Zip:	COLUMBUS, OH 43215 US	
Title:	VP	( ) Delete
Name:	SANCHEZ, JOSEPH P	
Address:	1301 E 9TH ST. STE 3800	
City-St-Zip:	CLEVELAND, OH 44114 US	
Title:	VCFO	( ) Delete
Name:	CUTHBERT, ROBERT P	
Address:	150 N. MICHIGAN AVE., SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	SD	( ) Delete
Name:	GRECO, ROBERT M	
Address:	150 N. MICHIGAN AVE., SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	SD	( ) Delete
Name:	JONES, J. MICHAEL	
Address:	1301 EAST 9TH STREET, SUITE 3800	
City-St-Zip:	COLUMBUS, OH 441141874	
Title:	T	( ) Delete
Name:	OSTERMEIER, CHRISTINE M	
Address:	150 N. MICHIGAN AVE., SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	BRODERICK, DEBORAH M	
Address:	150 N MICHIGAN AVE ., SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	JONES, J. MICHAEL	
Address:	1301 EAST 9TH STREET, SUITE 3800	
City-St-Zip:	COLUMBUS, OH 441141874	
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH P. SANCHEZ III VP 06/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date