

M07000000625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

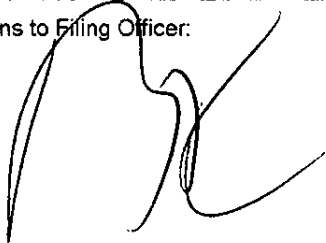
PICK-UP     WAIT     MAIL

(Business Entity Name)

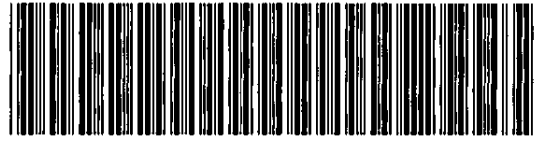
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07 JAN 31 PM 3:52

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 733494 7329165  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

**FILED**  
07 JAN 31 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 29, 2007  
ORDER TIME : 11:33 AM  
ORDER NO. : 733494-030  
CUSTOMER NO: 7329165

FOREIGN FILINGS

NAME: WELLS FARGO INSURANCE  
SERVICES OF INDIANA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA

07 JUN 31 AM 3:52  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 1. Wells Fargo Insurance Services of Indiana, LLC  
(Name of Foreign Limited Liability Company)
- 2. Indiana  
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. 35-2121139  
(FEI number, if applicable)
- 4. 10-17-2000  
(Date of Organization)
- 5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
- 6. upon filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
- 7. 1721 Magnavox Way, P.O. Box 885, Fort Wayne, Indiana 46804  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:  
see attached list.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: insurance agency

*Robert M. Greco*  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
Robert M Greco  
Typed or printed name of signee

January 26, 2007

Officers and Directors  
Wells Fargo Insurance Services of Indiana, LLC

<b>Name</b>	<b>Office Held</b>	<b>Business Address</b>
Broderick, Deborah M.	Senior Vice President Assistant Secretary Director Member	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Greco, Robert M.	Director Member Secretary	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Murphy, John	President Manager	Acordia of Indiana, LLC 1721 Magnavox Way Fort Wayne, IN 46804-1537
Niezer, William	Vice President Manager	1721 Magnavox Way Fort Wayne, IN 46804-1537
Ostermeier, Christine M.	Treasurer Manager	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601

Acordia of Indiana, LLC is member managed.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Wells Fargo Insurance Services of Indiana, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Corporation Service Company

By:

*Keena Edder, Asst Secretary*

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**WELLS FARGO INSURANCE SERVICES OF INDIANA, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 17, 2000, and was in existence or authorized to transact business in the State of Indiana on January 29, 2007.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Ninth Day of January, 2007.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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