

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000625

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF INDIANA, LLC

**Current Principal Place of Business:**

1721 MAGNAVOX WAY  
FORT WAYNE, IN 46804

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 885  
FORT WAYNE, IN 46804

**New Mailing Address:**

FEI Number: 35-2121139

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MURPHY, JOHN  
Address: 1721 MAGNAVOX WAY  
City-St-Zip: FT. WAYNE, IN 468041537

Title: MGR ( ) Delete  
Name: NIEZER, WILLIAM  
Address: 1721 MAGNAVOX WAY  
City-St-Zip: FT. WAYNE, IN 468041537

Title: MGR ( ) Delete  
Name: OSTERMEIER, CHRISTINE M  
Address: 150 N. MICHIGAN AVE., SUITE 4100  
City-St-Zip: CHICAGO, IL 60601

Title: VAS ( ) Delete  
Name: BRODERICK, DEBORAH M  
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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MURPHY, JOHN  
Address: 7400 N. SHADELAND AVE., SUITE 100  
City-St-Zip: INDIANAPOLIS, IN 46250

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

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

Title: ( ) Change ( ) Addition  
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 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: WILLIAM G. NIEZER

MGR

03/19/2008

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