

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001981

FILED
Jan 16, 2007
Secretary of State

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 ()

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

I hereby certify that the information supplied with this filing does not qualify for the 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

01/16/2007

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