2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# F07000002407

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

Current Principal Place of Business:

45 FREMONT STREET
SUITE 800
SAN FRANCISO, FL 94105

New Principal Place of Business:

Current Mailing Address:

45 FREMONT STREET
SUITE 800
SAN FRANCISO, FL 94105

New Mailing Address:

305 WALNUT STREET
REDWOOD CITY, CA 94063

FEI Number: 94-1651475 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	VAN NESS, GREGORY W	
Address:	11017 COBBLEROCK DRIVE, SUITE 100	
City-St-Zip:	RANCHO CORDOVA, CA 95670	
Title:	V	( ) Delete
Name:	BALDWIN, PAUL E	
Address:	4742 N 24TH STREET, SUITE 270	
City-St-Zip:	PHOENIX, FL 85016	
Title:	T	( ) Delete
Name:	OSTERMEIER, CHRISTINE M	
Address:	150 N. MICHIGAN AVENUE, SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	S	( ) Delete
Name:	GRECO, ROBERT M	
Address:	150 N. MICHIGAN AVENUE, SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	DIR	( ) Delete
Name:	BRODERICK, DEBORAH M	
Address:	150 N. MICHIGAN AVENUE, SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	V	( ) Delete
Name:	SEYFRIED, MICHAEL	
Address:	45 FREMONT STREET, SUITE 800	
City-St-Zip:	SAN FRANCISCO, CA 94105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 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: DEBORAH BRODERICK DIR 05/12/2009
Electronic Signature of Signing Officer or Director — Date