I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 04/29/2021

SIGNATURE: CLARA S. BLANDING

901 E. BYRD STREET RICHMOND, VA 23219

FEI Number: 54-0910269

Current Mailing Address:

DOCUMENT# M0300001891

901 E. BYRD STREET RICHMOND, VA 23219

Current Principal Place of Business:

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WELLS FARGO ADVISORS INSURANCE AGENCY, LLC

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED PERSON
Name	GACONA, BERNARD	Name	BLANDING, CLARA
Address	401 SOUTH TRYON ST	Address	301 S TRYON ST
City-State-Zip:	CHARLOTTE NC 28202	City-State-Zip:	CHARLOTTE NC 28202

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date

AUTHORIZED PERSON