## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000005779

Entity Name: WELLS FARGO INSURANCE, INC.

**Current Principal Place of Business:** 

600 SOUTH HIGHWAY 169 ST. LOUIS PARK. MN 55426

**Current Mailing Address:** 

600 SOUTH HIGHWAY 169 ST. LOUIS PARK, MN 55426 US

FEI Number: 41-0587845 Certificate of Status Desired: No

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

Date

FILED Apr 30, 2013

**Secretary of State** 

CC8602236965

Officer/Director Detail:

Title PD Title D

NameDOSS, ANNE JNameLANGER-HANSEN, DONNA JAddress600 SOUTH HIGHWAY 169Address600 SOUTH HIGHWAY 169City-State-Zip:ST. LOUIS PARK MN 55426City-State-Zip:ST. LOUIS PARK MN 55426

Title S Title T

Name LEVOIR, MOLLY A Name SANTERS, MARC J

Address 600 SOUTH HIGHWAY 169 Address 600 SOUTH HIGHWAY 169
City-State-Zip: ST. LOUIS PARK MN 55426 City-State-Zip: ST. LOUIS PARK MN 55426

Title D

Name WARTCHOW, TODD N
Address 600 SOUTH HIGHWAY 169
City-State-Zip: ST. LOUIS PARK MN 55426

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 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 all other like empowered.

SIGNATURE: MOLLY A LEVOIR

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/30/2013

Date