

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005779

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

Officer/Director Detail :

Title D
Name ANDERSON, SCOTT D
Address 600 SOUTH HIGHWAY 169
City-State-Zip: ST. LOUIS PARK MN 55426

Title D
Name LANGER-HANSEN, DONNA J
Address 600 SOUTH HIGHWAY 169
City-State-Zip: ST. LOUIS PARK MN 55426

Title S
Name LEVOIR, MOLLY A
Address 600 SOUTH HIGHWAY 169
City-State-Zip: ST. LOUIS PARK MN 55426

Title T
Name CALLAN, TINA TAYLOR
Address 600 SOUTH HIGHWAY 169
City-State-Zip: ST. LOUIS PARK MN 55426

Title P
Name NORDQUIST, LAURIE B
Address 600 SOUTH HIGHWAY 169
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 ANGELL LEVOIR

SECRETARY

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date