

**2018 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 BUNCH, WILLIAM F  
Address 600 SOUTH HIGHWAY 169  
City-State-Zip: ST. LOUIS PARK MN 55426

Title D  
Name NORDQUIST, LAURIE B  
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 ASST. SECRETARY  
Name MCCOMBS, DEBRA  
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: DEBRA MCCOMBS**

**AUTHORIZED PERSON**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date