

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832057

FILED
May 01, 2007
Secretary of State

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

Current Principal Place of Business:

4300 MARKETPOINT DRIVE
STE 600
BLOOMINGTON, MN 55435 US

New Principal Place of Business:

Current Mailing Address:

4300 MARKETPOINT DRIVE
STE 600
BLOOMINGTON, MN 55435 US

New Mailing Address:

FEI Number: 41-0741700 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: T () Delete
Name: OSTERMEIER, CHRISTINE
Address: 150 N MICHIGAN AVE STE 4100
City-St-Zip: CHICAGO, IL 60601

Title: VP () Delete
Name: BRODERICK, DEBORAH M
Address: 150 N MICHIGAN AVE STE 4100
City-St-Zip: CHICAGO, IL 60601

Title: S () Delete
Name: GRECO, ROBERT M
Address: 150 N MICHIGAN AVE STE 4100
City-St-Zip: CHICAGO, IL 60601

Title: P () Delete
Name: BURKHARDT, KEITH
Address: 4300 MARKET POINTE DR STE 600
City-St-Zip: BLOOMINGTON, MN 55435 US

Title: VP () Delete
Name: REYNDERS, JOAN M
Address: 4300 MARKET POINTE DR STE 600
City-St-Zip: BLOOMINGTON, MN 55435 US

Title: D () Delete
Name: GRECO, ROBERT
Address: 150 N MICHIGAN AVE STE 4100
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRODERICK, DEBORAH M
Address: 150 N MICHIGAN AVE STE 4100
City-St-Zip: CHICAGO, IL 60601

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: JOAN REYNDERS

VP

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date