2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# F00000005779

Entity Name: WELLS FARGO INSURANCE, INC.

Current Principal Place of Business:

C/O DONNA LUNDHOLM
600 SOUTH HIGHWAY 169, SUITE N9377-120
ST. LOUIS PARK, MN 55426

New Principal Place of Business:

Current Mailing Address:

SIXTH & MARQUETTE
MAC # N9305-173
MINNEAPOLIS, MN 55479

New Mailing Address:

FEI Number: 41-0587845 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: ATTON, NEAL R
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: D ( ) Delete
Name: LEVY, RICHARD D
Address: 343 SANSOME STREET, A163-039
City-St-Zip: SAN FRANCISCO, CA 94104

Title: DSVP ( ) Delete
Name: MISURA, ELIAZBETH
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: S ( ) Delete
Name: LESLIE, HELEN W
Address: 600 S. HIGHWAY 169, N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: AS ( ) Delete
Name: WEBER, MARGARET M
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: V ( ) Delete
Name: BRAUN, DAVID
Address: 600 S. HIGHWAY 169, MAC# N9377-120
City-St-Zip: ST. LOUIS PARK, MN 55426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARGARET WEBER AS 04/21/2008

Electronic Signature of Signing Officer or Director — Date