2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2012
Secretary of State

DOCUMENT# F00000005779

Entity Name: WELLS FARGO INSURANCE, INC.

Current Principal Place of Business:

600 SOUTH HIGHWAY 169
ST. LOUIS PARK, MN 55426

New Principal Place of Business:

Current Mailing Address:

600 S. HIGHWAY 169
ST LOUIS PARK, MN 55426

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

OFFICERS AND DIRECTORS:

Title: CEOD
Name: ATON, NEAL R
Address: 600 S. HIGHWAY 169
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: D
Name: LEVY, RICHARD D
Address: 600 S. HIGHWAY 169
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: TDVP
Name: RYSHAVY, MARK B
Address: 600 S. HIGHWAY 169
City-St-Zip: ST. LOUIS PARK, MN 55426

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

Title: PD
Name: ZICKERT, RON
Address: 600 S. HIGHWAY 169
City-St-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 S 04/22/2012

Electronic Signature of Signing Officer or Director — Date