2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# F07000000267

Entity Name: WELLS FARGO INSURANCE AGENCY OF MICHIGAN, INC.

Current Principal Place of Business:

3000 TOWN CENTER SUITE 1900
SOUTHFIELD, MI 48075

New Principal Place of Business:

4000 TOWN CENTER SUITE 800
SOUTHFIELD, MI 48075

Current Mailing Address:

3000 TOWN CENTER SUITE 1900
SOUTHFIELD, MI 48075

New Mailing Address:

4000 TOWN CENTER SUITE 800
SOUTHFIELD, MI 48075

FEI Number: 38-1986718 **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: DS ( ) Delete
Name: GRECO, ROBERT M
Address: 150 N MICHIGAN AVE SUITE 4100
City-St-Zip: CHICAGO, IL 60601

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

Title: P ( ) Delete
Name: ROTHWELL, WILLIAM
Address: 648 MONROE AVE, SUTE 300
City-St-Zip: GRAND RAPIDS, MI 49503

Title: T ( ) Delete
Name: OSTERMEIER, CHRISTINE
Address: 150 N MICHIGAN AVE SUITE 4100
City-St-Zip: CHICAGO, IL 60601

Title: SVP ( ) Delete
Name: RICKERT, KRISTINA
Address: 3000 TOWN CENTER, SUITE 1900
City-St-Zip: SOUTHFIELD, MI 48075

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: VP (X) Change ( ) Addition
Name: WANROY, PAUL M
Address: 648 MONROE AVE NW SUITE 300
City-St-Zip: GRAND RAPIDS, MI 49503

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: WILLIAM ROTHWELL P 03/06/2009

Electronic Signature of Signing Officer or Director — Date