2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# F07000002275

Entity Name: WELLS FARGO INSURANCE SERVICES OF NEW YORK, INC.

Current Principal Place of Business:

330 MADISON AVE., 7TH FLOOR
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

330 MADISON AVE., 7TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 13-1806851 **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:	V	( ) Delete
Name:	MCGILL, KEVIN	
Address:	330 MADISON AVE., 7TH FLOOR	
City-St-Zip:	NEW YORK, NY 10017	
Title:	V	(X) Delete
Name:	ROBINSON, JUDY	
Address:	330 MADISON AVE., 7TH FLOOR	
City-St-Zip:	NEW YORK, NY 10017	
Title:	VASD	( ) Delete
Name:	BRODERICK, DEBORAH M	
Address:	150 N. MICHIGAN AVE., SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	DS	( ) Delete
Name:	GRECO, ROBERT M	
Address:	150 N. MICHIGAN AVE., SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	T	( ) Delete
Name:	OSTERMEIER, CHRISTINE M	
Address:	150 N. MICHIGAN AVE., SUITE 4100	
City-St-Zip:	CHICAGO, IL 60601	
Title:	P	( ) Delete
Name:	KENNY, KEVIN	
Address:	7 GIRALDA FARMS, 2ND FLOOR	
City-St-Zip:	MADISON, NJ 07940	

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: ROBERT GRECO DS 01/07/2008

Electronic Signature of Signing Officer or Director — Date