(Damastaria Nava)						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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PECRETARY OF STATE
AND AND ASSECT FLORIDA

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PECCIVED
DEPARTMENT OF STATE
OF CORPORATIO

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N SERVI	ICE COMPAN	γ				
		ACC	OUNT NO.	:	07210000	0032
		RI	EFERENCE	:	867464	7329165
		AUTHOR	RIZATION	: _		, 2,000 - D
		COS	ST LIMIT	بر. . : 	79.00	
ORDER	DATE :	April 25	5, 2007			
ORDER	TIME :	10:05 AM	1			
ORDER	NO. :	867464-0	20			
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	NAME:		FARGO I		RANCE SER' C.	VICES
<u>XXX</u>	QUALIFI	CATION	(TYPE: C	<u>(O</u>)		
PLEASI	E RETURN	THE FOLI	OWING AS	PR	OOF OF FI	LING:
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CONTAC	CT PERSO	N: Susie	Knight	:	EXT# 2956	
				:	EXAMINER:	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	lable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)			
Tennessee	1	62-0922405			
	under the law of which it is incorporated)	(FEI number, if applicable)			
1-17-1974	5	Perpetual			
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
·					
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
639 East Main S	treet, Suite A, Hendersonville, TN 37075	. 0.			
·	(Principal office ad	idress)			
same					
•	(Current mailing ac	ldress)			
insurance agenc	v				
_		country to be carried out in state of Florida)			
	et address of Florida registered agent: (P.				
	Corporation Service Company	.o. Box <u>rest</u> aucoptable)			
Name:					
ffice Address:	1201 Hays Street				
	Tallahassée	, Florida 32301			
	(City)	(Zip code)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: See list attached Address: _ Vice Chairman: Address: ___ Director: Address: ___ Director: ___ Address: **B. OFFICERS** President: Address: ___ Vice President: Address: Secretary: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Robert M. Greco, Secretary

(Typed or printed name and capacity of person signing application)

Acordia of West Virginia, Inc. name change to WELLS FARGO INSURANCE SERIVCES OF TENNESSEE, INC.

Name	Office Held	Business Address
Broderick, Deborah	Senior Vice President	150 N. Michigan Avenue
	Assistant Secretary	Suite 4100
	Director	Chicago, IL 60601
Crum, Bill	Vice President and	One Hillcrest Drive
	Assistant Treasurer	Charleston, WV 25311
Greco, Robert	Secretary	150 N. Michigan Avenue, Suite 4100
	Director	Chicago, IL 60601
Ostermeier, Christine	Treasurer	150 N. Michigan Avenue, Suite 4100
		Chicago, IL 60601
Paterno, Andrew J.	President	One Hillcrest Drive
		Charleston, WV 25311



Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower * Nashville, Tennessee 37243

ISSUANCE DATE: 04/25/2007 REQUEST NUMBER: 07115555 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/17/1974 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0011482 JURISDICTION: TENNESSEE

TO: CFS 8161 HWY 100

CFS 8161 HWY 100

NASHVILLE, TN 37221

NASHVILLE, TN 37221

REQUESTED BY:

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "WELLS FARGO INSURANCE SERVICES OF TENNESSEE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS NOT BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED



FOR: REQUEST FOR CERTIFICATE

CAPITAL FILING SERVICE (CFS)

NASHVILLE, TN 37221-0000

8161 HIGHWAY 100

ON DATE: 04/25/07

RECEIVED:

FEES \$220.00

\$0.00

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00004165119 ACCOUNT NUMBER: 00101230



FROM:

#172

RILEY C. DARNELL SECRETARY OF STATE