

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002407

FILED
Jan 09, 2008
Secretary of State

Entity Name: WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, INC.

Current Principal Place of Business:

45 FREEMONT STREET
SUITE 800
SAN FRANCISCO, FL 94111

New Principal Place of Business:

45 FREEMONT STREET
SUITE 800
SAN FRANCISCO, FL 94105

Current Mailing Address:

45 FREEMONT STREET
SUITE 800
SAN FRANCISCO, FL 94111

New Mailing Address:

45 FREEMONT STREET
SUITE 800
SAN FRANCISCO, FL 94105

FEI Number: 94-1651475

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: P () Delete
Name: RODGERS, STEPHEN K
Address: 45 FREEMONT STREET, SUITE 800
City-St-Zip: SAN FRANCISCO, CA 94105

Title: V () Delete
Name: BALDWIN, PAUL E
Address: 4742 N 24TH STREET, SUITE 270
City-St-Zip: PHOENIX, FL 85016

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

Title: S () Delete
Name: GRECO, ROBERT M
Address: 150 N. MICHIGAN AVENUE, SUITE 4100
City-St-Zip: CHICAGO, IL 60601

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

Title: V () Delete
Name: SEYFRIED, MICHAEL
Address: 45 FREEMONT STREET, SUITE 800
City-St-Zip: SAN FRANCISCO, CA 94105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VAN NESS, GREGORY W
Address: 11017 COBBLEROCK DRIVE, SUITE 100
City-St-Zip: RANCHO CORDOVA, CA 95670

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: DIR (X) Change () Addition
Name: BRODERICK, DEBORAH M
Address: 150 N. MICHIGAN AVENUE, SUITE 4100
City-St-Zip: CHICAGO, IL 60601

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: MICHAEL J. SEYFRIED

VP

01/09/2008

Electronic Signature of Signing Officer or Director

Date