

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000625

FILED
Mar 19, 2008
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF INDIANA, LLC

Current Principal Place of Business:

1721 MAGNAVOX WAY
FORT WAYNE, IN 46804

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 885
FORT WAYNE, IN 46804

New Mailing Address:

FEI Number: 35-2121139

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURPHY, JOHN
Address: 1721 MAGNAVOX WAY
City-St-Zip: FT. WAYNE, IN 468041537

Title: MGR () Delete
Name: NIEZER, WILLIAM
Address: 1721 MAGNAVOX WAY
City-St-Zip: FT. WAYNE, IN 468041537

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

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MURPHY, JOHN
Address: 7400 N. SHADELAND AVE., SUITE 100
City-St-Zip: INDIANAPOLIS, IN 46250

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM G. NIEZER

MGR

03/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date