

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14871

FILED
Apr 27, 2011
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES OF WEST VIRGINIA, INC.

Current Principal Place of Business:

1 HILLCREST DR E
CHARLESTON, WV 25311 US

New Principal Place of Business:

Current Mailing Address:

C/O KAREN JOHNSON
PO BOX 1551
CHARLESTON, WV 25326 US

New Mailing Address:

1 HILLCREST DR E
CHARLESTON, WV 25311 US

FEI Number: 55-0329835

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

OFFICERS AND DIRECTORS:

Title: P
Name: MEEHAN, JOHN S
Address: ONE HILLCREST DRIVE EAST
City-St-Zip: CHARLESTON, WV 25311

Title: DS
Name: GRECO, ROBERT
Address: ONE HILLCREST DRIVE EAST
City-St-Zip: CHARLESTON, WV 25311

Title: T
Name: OSTERMEIER, CHRISTINE
Address: ONE HILLCREST DRIVE EAST
City-St-Zip: CHARLESTON, WV 25311

Title: DVP
Name: DEBORAH, BRODERICK
Address: ONE HILLCREST DRIVE EAST
City-St-Zip: CHARLESTON, WV 25311

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M GRECO

DS

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date