

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) days after the

subject to a penalty fee of \$25.0	0.					
1. Corporate ID No. 142729	2, Name of Corp. Wells Farg	2. Name of Corporation Wells Fargo Insurance Services of Texas, Inc.				
3. Street Address Principal Business Office 24 Greenway Plaza Suite #1100			Gity Houston	State TX	^{Zip} 77046	
4. Business Phone No.		5. State of Incorporation TX				
6 Brief Description of the Char insurance agency	-					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Kevin Kenny			CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Betty Skibell			
Street Address 7 Giraida Farms, 2nd Floor			Street Address 5214 68th Street Suite 201			
<i>сиу</i> Madison	State NJ	71p 07940	<i>Ciŋ</i> ։ Lubbock	State TX	^{zip} 79424	
Secretary Name Robert M. Greco			Treasurer Name Christine M. Ostermeier			
Street Address 150 N. Michigan Ave Suite 3900			Street Address 150 N. Michigan Ave Suite 3900			
^{City} Chicago	State 1L	^{Zip} 60601	Chicago	State 1L	<i>Ζιρ</i> 60601	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Robert M. Greco Street Address 150 N. Michigan Ave Suite #3900			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Deborah M. Broderick Street Address 150 N. Michigan Ave Suite #3900			
						City
Chicago Director Name) IL	100001	Director Name		100001	
Street Address			Street Address			
City	State	Zip	Ciŋ [,]	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is cur	nformation is currently of record in the Office of the Secretary of		Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.		2,000,000	Common	\$1		
			10,000	Preferred	\$100	
This report must be executhis report must be execution	cuted on behalf of t	he corporation by an authorize te corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	ls of a receiver or trustee,	

	Under penalty o including any ac
File Date 2-2-09	controlled herein
Check No. 1000289507	Signature Robert M.
By:MMC	Print or Type Na. Secretary,
FOR SECRETARY OF STATE USE ONLY	Title

Under penalty of perjury, I declare and affi	rm that I have exan	nined this re	port
including any accompanying schedules and	d statements, and th	at all statem	iems
contailed herein are true and correct	00/1	26/00	1
Signature	Date		r
Robert M. Greco			
Print or Type Name			
Secretary, Director			
CT:-1			

Form 630 Rev. 08/08