No. <b>C 183768</b>		Due no later than Jul 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  WELLS FARGO INSURANCE SERVICES USA, INC. 301 SOUTH COLLEGE STREET CHARLOTTE NC 28288		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				12550 W EXP BOISE ID 83	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DIRECTOR TODD N WARTCH		301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
DIRECTOR	DONNA J LANGER-HAN		301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
DIRECTOR	SCOTT D ANDERSON		301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
SECRETARY DEBRA L MCCOMBS		CCOMBS	301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
PRESIDENT	KEVIN M BR	COGAN	301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
5. Organized Under the Laws of:		6. Annual Report m						
NC C 183768		Signature: DEBR		Date: 07/19/2016				
		Name (type or p		Title: SECRETARY				
Processed 07/19/2016	5	* Electronically prov	ided signatures are accepted as original	signatures.				