No. C 183768 Return to:		Due no later than Jul 31, 2014 Annual Report Form		2. Registered Ag	Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY			
				to be the time of the contract of				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WELLS FARGO INSURANCE SERVICES USA, INC. 301 SOUTH COLLEGE STREET CHARLOTTE NC 28288		BOISE ID 83 USA	12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Ent	er Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KEVIN T KE	NNY	301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
DIRECTOR	DIRECTOR DONNA J LANGER-HANSEN		301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
DIRECTOR SCOTT D ANDERSON		NDERSON	301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
SECRETARY DEIDRE A MESSENGER		1ESSENGER	301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
TREASURER TINA TAYLOR CALLAN		OR CALLAN	301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
PRESIDENT	KEVIN THON	MAS KENNY	301 S COLLEGE STREET	CHARLOTTE	NC	USA	28288	
5. Organized Under the Laws of: 6. Annu		6. Annual Report m	. Annual Report must be signed.*					
NC		Signature: Deidro		Date: 07/30/2014				
C 183768		Name (type or pr		Title: Secretary				
Processed 07/30/20	14	* Electronically prov	ded signatures are accepted as origination	al signatures.				