

No. <b>C 133948</b>	<b>Due no later than May 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> IFIA INSURANCE SERVICES, INC. C GAIL SHINN 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA				
			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CHRISTINE M COSTAMAGNA	401 N TRYON ST NC1-021-02-20	CHARLOTTE	NC	USA	28255	
PRESIDENT	J KEITH PELLERIN	401 N TRYON S NC1-021-02-20	CHARLOTTE	NC	USA	28255	
DIRECTOR	LESLEY J COLLINS	401 N TRYON ST NC1-021-02-20	CHARLOTTE	NC	USA	28255	
5. Organized Under the Laws of:  <b>DE C 133948</b>	6. Annual Report must be signed.* Signature: Haynes, Jennielea Name (type or print): Haynes, Jennielea		Date: 04/22/2009 Title: Svp				
Processed 04/22/2009		* Electronically provided signatures are accepted as original signatures.					