No. **C 155534**	**Due no later than Jul 31, 2007** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** BANC OF AMERICA INSURANCE SERVICES, INC. CHRISTINE M COSTAMAGNA 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 USA	CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702 3. New 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
PRESIDENT	J KEITH PELLERIN	401 N TRYON ST NC1-021-02-20	CHARLOTTE	NC	USA	28255
SECRETARY	CHRISTINE M COSTAMAGNA	401 N TRYON ST NC1-021-02-20	CHARLOTTE	NC	USA	28255
DIRECTOR	TIMOTHY A BURDICK	401 N TRYON ST NC1-021-02-20	CHARLOTTE	NC	USA	28255

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MD **C 155534**	Signature: Greg S Mroz	Date: 06/11/2007
	Name (type or print): Greg S Mroz	Title: Svp

Processed 06/11/2007

* Electronically provided signatures are accepted as original signatures.