No. **C 133948**	**Due no later than May 31, 2008** **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.** 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. 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
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	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.*	
DE **C 133948**	Signature: Duane L Smith	Date: 05/30/2008
	Name (type or print): Duane L Smith	Title: Svp

Processed 05/30/2008

* Electronically provided signatures are accepted as original signatures.