

No. C 155534		Due no later than Jul 31, 2010 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. 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			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	THOMAS G MYRICK	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	ROBERT BAKER	401 N TRYON ST NC1-021-02-20	CHARLOTTE	NC	USA	28255	
5. Organized Under the Laws of: MD C 155534		6. Annual Report must be signed.* Signature: Donna Desouza Name (type or print): Donna Desouza					Date: 07/15/2010 Title: Svp
Processed 07/15/2010		* Electronically provided signatures are accepted as original signatures.					