

No. C 155534		Due no later than Jul 31, 2005		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BANC OF AMERICA INSURANCE SERVICES, INC. C GAIL SHINN 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 0000 USA		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702 0000			
				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
PRESIDENT	MARTIN RASMUSSEN	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	ELLEN S ROSEN	401 N TRYON ST NC1-021-02-20		CHARLOTTE	NC	USA	28255
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
MARYLAND C 155534		Signature: SUSAN D MAYS				Date: 05/26/2005	
		Name (type or print): SUSAN D MAYS				Title: SVP	
Processed 05/26/2005		* Electronically provided signatures are accepted as original signatures.					