No. C 133948		Due no later than May 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IFIA INSURANCE SERVICES, INC. C GAIL SHINN 150 N COLLEGE ST					
NO FILING FEE IF RECEIVED BY DUE DATE		NC1-028-17-06 CHARLOTTE NC 28255 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nam	es and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY CHRISTINE M COSTAMAGNA PRESIDENT LESLEY J COLLINS DIRECTOR SCOTT M TAUCHER		150 N COLLEGE ST NC1-028-17-06 150 N COLLEGE ST NC1-028-17-06 150 N COLLEGE ST NC1-028-17-06	CHARLOTTE CHARLOTTE CHARLOTTE	NC NC NC	USA USA USA	28255 28255 28255	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 133948		Signature: Erik Miller Name (type or print): Erik Miller		Date: 05/03/2013 Title: Svp			
Processed 05/03/2013 * Electronically provided signatures are accepted as original signatures.							