No. **C 155534**	**Due no later than Jul 31, 2017** **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. HENRIETTE HARRELSON 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE NC 28255	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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	LORI FITZGERALD	150 N COLLEGE ST NC1-028-17-06	CHARLOTTE	NC	USA	28255
SECRETARY	CHRISTINE M COSTAMAGNA	150 N COLLEGE ST NC1-028-17-06	CHARLOTTE	NC	USA	28255
TREASURER	FELIPE MALDONADO	150 N COLLEGE ST NC1-028-17-06	CHARLOTTE	NC	USA	28255
VICE PRESIDENT	JASON PRITCHARD	150 N COLLEGE ST NC1-028-17-06	CHARLOTTE	NC	USA	28255
DIRECTOR	DEA L CHRISTIAN	150 N COLLEGE ST NC1-028-17-06	CHARLOTTE	NC	USA	28255

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MD **C 155534**	Signature: Jason Pritchard Name (type or print): Jason Pritchard	Date: 05/24/2017 Title: SVP

Processed 05/24/2017

* Electronically provided signatures are accepted as original signatures.