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|--|------------------------|---|--|---|-------|---------|-------------|
| No. C 133948 | | Due no later than May 31, 2014 | | 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. IFIA INSURANCE SERVICES, INC. C GAIL SHINN 150 N COLLEGE ST NC1-028-17-06 CHARLOTTE NC 28255 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | | | |
| | | | | 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 |
| SECRETARY | CHRISTINE M COSTAMAGNA | 150 N COLLEGE ST NC1-028-17-06 | | CHARLOTTE | NC | USA | 28255 |
| PRESIDENT | JANET A MACDONALD | 150 N COLLEGE ST NC1-028-17-06 | | CHARLOTTE | NC | USA | 28255 |
| DIRECTOR | SCOTT M TAUCHER | 150 N COLLEGE ST NC1-028-17-06 | | CHARLOTTE | NC | USA | 28255 |
| 5. Organized Under the Laws of: DE C 133948 | | 6. Annual Report must be signed.* Signature: Jason Pritchard Name (type or print): Jason Pritchard Date: 04/29/2014 Title: Svp | | | | | |
| Processed 04/29/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |