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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850178** **(5)**

1. Corporation Name
NATIONSBANC INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
101 SOUTH TRYON ST. NC1-002-22-15 CHARLOTTE NC 28255	101 SOUTH TRYON ST. NC1-002-22-15 CHARLOTTE NC 28255-0001

3. Date Incorporated or Qualified: **08/28/1981**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **57-0345444** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	PURVIS, DEAN A		1.2 NAME	Kiser, James.W.	
STREET ADDRESS	ONE NATIONS BANK PLAZA NC 1002-22-15		1.3 STREET ADDRESS	NationsBank Corporate Center,NC1-007-56-03	
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP	Charlotte, NC 28255	
TITLE	CD	☐ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	PHILLIPS, G, PATRICK		2.2 NAME	Rowe, Larry W.	
STREET ADDRESS	1524 MYERS PARK DR		2.3 STREET ADDRESS	4161 Piedmont Pkwy, NC4-105-02-09	
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP	Greensboro, NC 27410	
TITLE	V	☐ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	REYNOLDS, E, KENNETH		3.2 NAME	Andersen, Brent C.	
STREET ADDRESS	3016 ROCK SPRINGS RD		3.3 STREET ADDRESS	NationsBank Plaza NC1-002-03-09	
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP	Charlotte, NC 28255	
TITLE	T	☐ DELETE	4.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	GREENE, STEPHEN S		4.2 NAME	Phipps, Eugene H.	
STREET ADDRESS	ONE NATIONSBANK PLAZA NC1002-22-15		4.3 STREET ADDRESS	One NationsBank Plaza NC1-002-23-55	
CITY-ST-ZIP	CHARLOTT NC		4.4 CITY-ST-ZIP	Charlotte, NC 28255	
TITLE	V	☐ DELETE	5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	CALVIN, WILLIAM W		5.2 NAME	Lucas, Mary-Ann	
STREET ADDRESS	7025 ALBERT PICK RD.		5.3 STREET ADDRESS	NationsBank Corporate Center NC1-007-23-04	
CITY-ST-ZIP	GREENSBORO NC		5.4 CITY-ST-ZIP	Charlotte, NC 28255	
TITLE	V	☐ DELETE	6.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	WARDLAW, CRAIG M		6.2 NAME	Williams, Gary S	
STREET ADDRESS	NATIONSBANK CORP CENTR NC1007-6-7		6.3 STREET ADDRESS	One NationsBank Plaza NC1-002-03-09	
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP	Charlotte, NC 28255	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen Greene REQUIRED 4/22/97 704-386-8492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009830