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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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
101 SOUTH TRYON ST.
NC1-002-22-15
CHARLOTTE NC 28255

Mailing Address
101 SOUTH TRYON ST.
NC1-002-22-15
CHARLOTTE NC 28255

DO NOT WRITE IN THIS SPACE

2. 401 N TRYON ST NC1-021-03-09
21 CHARLOTTE NC 28265
22 City & State
23 Zip
24 Country

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26 CHARLOTTE NC 28265
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/28/1981

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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
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

Signature, typed or printed in the of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	1.1 TITLE	P
NAME	PURVIS, DEAN A	1.2 NAME	Moyle, Michael
STREET ADDRESS	ONE NATIONSBANC	1.3 STREET ADDRESS	401 N TRYON ST NC1-021-03-09
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	CHARLOTTE NC 28265
TITLE	CD	2.1 TITLE	SVP
NAME	PHILLIPS, G. PATRICK	2.2 NAME	Williams, Gary S.
STREET ADDRESS	1524 MYERS PARK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V
NAME	REYNOLDS, E. KENNETH	3.2 NAME	Locke, Janet
STREET ADDRESS	3016 ROCK SPRINGS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	V
NAME	GREENE, STEPHEN S	4.2 NAME	Greene, Stephens S.
STREET ADDRESS	ONE NATIONSBANK PLAZA NC1002-22-15	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTT NC	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	Sect Treas
NAME	CALVIN, WILLIAM W	5.2 NAME	Lucas, Mary Ann
STREET ADDRESS	7025 ALBERT PICK RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	WARDLAW, CRAIG M	6.2 NAME	
STREET ADDRESS	NATIONSBANK CORP CENTR NC1007-6-7	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	6.4 CITY-ST-ZIP	

14. I 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: [Signature] 704
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CR2E034 (10/97)