

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005094

FILED
Apr 27, 2011
Secretary of State

Entity Name: IFIA INSURANCE SERVICES INC.

Current Principal Place of Business:

1100 N KING ST
WILMINGTON, DE 19884

New Principal Place of Business:

Current Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

New Mailing Address:

FEI Number: 51-0364790 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: MYRICK, THOMAS G
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D
Name: CLARK, MICHAEL
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D/T
Name: BAKER, ROBERT
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC
Name: COSTAMAGNA, CHRISTINE M
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP
Name: DESOUZA, DONNA
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA DESOUZA

SVP

04/27/2011

Electronic Signature of Signing Officer or Director

Date