2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F98000003178

Entity Name: WACHOVIA INSURANCE SERVICES, INC.

Current Principal Place of Business:

227 WEST TRADE ST
CHARLOTTE, NC 28202

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATION SERVICE CO.
2711 CENTERVILLE RD.,STE. 400
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 56-1882208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: MCDOWELL, JR., STEWART W
Address: 227 WEST TRADE STREET
City-St-Zip: CHARLOTTE, NC 28202

Title: CFO ( ) Delete
Name: LEHMAN, KAREN
Address: 100 NORTH MAIN STREET (NC6952)
City-St-Zip: WINSTON-SALEM, NC 27101

Title: VP ( ) Delete
Name: MITCHELL, APRILLE M
Address: 301 S. COLLEGE ST.
City-St-Zip: CHARLOTTE, NC 28288

Title: D ( ) Delete
Name: KAREN, LEHMAN
Address: 100 N. MAIN STREET
City-St-Zip: WINSTON-SALEM, NC 27101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: APRILLE M. MITCHELL VP 04/24/2009
Electronic Signature of Signing Officer or Director Date