

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003864

FILED
Apr 14, 2012
Secretary of State

Entity Name: BB&T INSURANCE SERVICES, INC.

Current Principal Place of Business:

3605 GLENWOOD AVENUE
RALEIGH, NC 27612

New Principal Place of Business:

C/O CAMILLE SMITH
3605 GLENWOOD AVENUE
RALEIGH, NC 27612 US

Current Mailing Address:

C/O LISA I. MOBERLY BB&T
200 WEST SECOND STREET 3RD FLOOR LEGAL
WINSTON-SALEM, NC 27101

New Mailing Address:

C/O LISA I. MOBERLY BB&T
200 WEST SECOND STREET 3RD FLOOR LEGAL
WINSTON-SALEM, NC 27101 US

FEI Number: 56-1623293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: PD
Name: DASHER, WESLEY V
Address: C/O CAMILLE SMITH 3605 GLENWOOD AVENUE
City-St-Zip: RALEIGH, NC 27612 US

Title: STD
Name: RATLIFF, MARLYS
Address: C/O CAMILLE SMITH 3605 GLENWOOD AVENUE
City-St-Zip: RALEIGH, NC 27612 US

Title: VP
Name: SMITH, CAMILLE
Address: C/O CAMILLE SMITH 3605 GLENWOOD AVENUE
City-St-Zip: RALEIGH, NC 27612 US

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: MANDY HENDRICKS

POA

04/14/2012

Electronic Signature of Signing Officer or Director

Date