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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F9800000 4575

1. Corporation Name

NationsBanc Insurance Services, Inc.

Principal Place of Business  
10465 Southeast US Hwy. 441  
Bellevue, FL 34421

Mailing Address  
NationsBank Insurance Group  
201 N. Tryon St. NC1-022-19-02  
Charlotte, NC 28255

05/19/99 90018 001 \$150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	52-1523496	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

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

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Dean A. Purvis, Chairman/Officer	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 N. Tryon Street	12 NAME	
STREET ADDRESS	Charlotte, NC 28255	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	Michael J. Moye, Pres./Officer	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1310 S. Main Street	22 NAME	
STREET ADDRESS	Mt. Airy, MD 21771	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	W. Calvin Fitchett, SVP/Officer	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2059 Northlake Parkway	32 NAME	
STREET ADDRESS	Tucker, GA 30084	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	Gary S. Williams, SVP/Officer	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 North Tryon Street	42 NAME	
STREET ADDRESS	Charlotte, NC 28255	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	Anne H. Grabowski, VP/Officer	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 North Tryon Street	52 NAME	
STREET ADDRESS	Charlotte, NC 28255	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	Stephen S. Greene, VP/Officer	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 North Tryon Street	62 NAME	
STREET ADDRESS	Charlotte, NC 28255	63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE Anne H. Grabowski

(704) 386-1582

CR2034 (11/98)

***NationsBanc Insurance Services, Inc.***

***Officers and Directors***

**Directors**

**Director**  
**Director**  
**Director**

**Name**

**Eugene H. Phipps**  
**Dean A. Purvis**  
**Todd A. Schubert**

**Officers**

**Chairman of the Board**  
**President**  
**Senior Vice President**  
**Senior Vice President/Tax Officer**  
**Vice President**  
**Vice President**  
**Vice President**  
**Vice President/Tax Officer**  
**Vice President**  
**Vice President**  
**Assistant Vice President**  
**Assistant Vice President**  
**Assistant Vice President**  
**Secretary**  
**Assistant Secretary**  
**Assistant Secretary/Treasurer**

**Name**

**Dean A. Purvis**  
**Michael J. Moya**  
**W. Calvin Fitchett**  
**Gary S. Williams**  
**Dearest E. Chandler**  
**Anne H. Grabowski**  
**Stephen S. Greene**  
**Janet G. Locke**  
**Robert M. Mauldin, III**  
**Todd A. Schubert**  
**Matthew S. Linky**  
**Leigh A. Nash**  
**Margaret L. Schneider**  
**Edward J. Stark**  
**Mary-Ann Lucas**  
**Lynn L. Rhoads**

Officers and directors listed above  
are located at the corporate address.

10465 S.E. U.S. Hwy 441  
Bellevue, Florida 34421