2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# F98000004575

Entity Name: BANC OF AMERICA INSURANCE SERVICES, INC.

Current Principal Place of Business:

10 LIGHT ST
MD4-302-15-07
BALTIMORE, MD 21202

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-1523496 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: RASMUSSEN, MARTIN
Address: 401 N. TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP ( ) Delete
Name: MAYS, SUSAN D
Address: 401 N. TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

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

Title: T/D ( ) Delete
Name: GRAHAM, GLEN
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: PELLERIN, J KEITH
Address: 401 N. TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

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

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

Title: T/D (X) Change ( ) Addition
Name: WILLIAMS, LEWIS E
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN D MAYS SVP 04/18/2006

Electronic Signature of Signing Officer or Director — Date