

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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**Current Mailing Address:**150 N COLLEGE ST; NC1-028-17-06
CHARLOTTE, NC 28255**FEI Number:** 52-1523496**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title	SVP
Name	PRITCHARD, JASON
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	SEC
Name	COSTAMAGNA, CHRISTINE M
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	T/D
Name	MALDONADO, FELIPE
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	D
Name	CHRISTIAN, DEA L
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	DIRECTOR, PRESIDENT
Name	FITZGERALD, LORI
Address	150 N COLLEGE ST NC1-028-17-06
City-State-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: JASON PRITCHARD

SVP

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date