

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004575

Entity Name: BANC OF AMERICA INSURANCE SERVICES, INC.**Current Principal Place of Business:**10 LIGHT ST
BALTIMORE, MD 21202**Current Mailing Address:**401 N TRYON ST, NC1-021-06-01
CHARLOTTE, NC 28255 US**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 VP
Name HOLMAN, CRYSTAL
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER, DIRECTOR
Name WEBER, BRADLEY H
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR, PRESIDENT
Name FISCHER, A-J
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title SECRETARY
Name COSTAMAGNA, CHRISTINE M
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name WASHINGTON, LAWRENCE P
Address 401 N TRYON ST, NC1-021-06-01
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: CRYSTAL HOLMAN

VICE PRESIDENT

03/04/2021

Electronic Signature of Signing Officer/Director Detail_____
Date