

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211509472

1.) CORPORATION NAME:

IFIA INSURANCE SERVICES, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **5/31/2011**

SCC ID NO: **F1425000**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 N. KING ST

CITY/ST/ZIP: WILMINGTON, DE 19884-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS G MYRICK
TITLE: DIR/PRES
ADDRESS: 401 N. TRYON ST
CITY/ST/ZIP/CO: NC1-021-02-20
CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

NAME: ROBERT BAKER
TITLE: TREAS/DIR
ADDRESS: 401 N TRYON ST
CITY/ST/ZIP/CO: NC1-021-02-20
CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

NAME: CHRISTINE M COSTAMAGNA
TITLE: SECRETARY
ADDRESS: 401 N TRYON ST
CITY/ST/ZIP/CO: NC1-021-02-20
CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

NAME: DONNA DESOUZA
TITLE: SVP
ADDRESS: 401 N TRYON ST
CITY/ST/ZIP/CO: NC1-021-02-20
CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DONNA DESOUZA

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DONNA DESOUZA, SVP

PRINTED NAME AND CORPORATE
TITLE

5/9/2011

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.