

1.) CORPORATION NAME:

**World Financial Group, Inc.**

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

SCC ID NO: **F1471913**

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**

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: 11315 JOHNS CREEK PKWY

CITY/ST/ZIP: JOHNS CREEK, GA 30097-

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: ALLAN J HAMILTON  
TITLE: CFO/T  
ADDRESS: 570 CARILLON PKWY  
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: LEESA M EASLEY  
TITLE: VP/S  
ADDRESS: 11315 JOHNS CREEK PKWY  
CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097-

OFFICER

DIRECTOR

NAME: JACK D LINDER  
TITLE: DIRECTOR  
ADDRESS: 11315 JOHNS CREEK PKWY  
CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097-

OFFICER

DIRECTOR

NAME: JOE DIPAOLO  
TITLE: PRESIDENT/CEO  
ADDRESS: 11315 JOHNS CREEK PARKWAY  
CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097-

OFFICER

DIRECTOR

NAME: KEVIN L PALMER  
TITLE: EVP  
ADDRESS: 1135 JOHNS CREEK PARKWAY  
CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W. HAM ASST SECRETARY 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD WILLIAMS VICE PRESIDENT 3700 STEELES AVE., W, SUITE 400 VAUGHAN, -, CANADA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN E. DAVIES SR. V.P. 11315 JOHNS CREEK PARKWAY JOHNS CREEK, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLAN J. HAMILTON tREAS., CFO 570 CARILLON PARKWAY ST. PETERSBURG, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. JOSEPH CAO 11315 JOHNS CREEK PARKWAY JOHNS CREEK, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAUNDRA ARCHULETA ASST SECRETARY 11315 JOHNS CREEK PKWY JOHNS CREEK, GA 30097-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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/ SAUNDRA ARCHULETA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAUNDRA ARCHULETA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/26/2011 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.			