

1.) CORPORATION NAME:

**World Financial Group, Inc.**

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1471913**

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.

<p>NAME: JOE DIPAOLA TITLE: PRESIDENT/CEO ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SETH MILLER TITLE: VICE PRESIDENT ADDRESS: 570 CARILLON PARKWAY CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33716</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT G BRUNTON TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JANICE CURCIO TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SUSAN E. DAVIES TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KENT H DAVIES TITLE: VICE PRESIDENT ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEESA M EASLEY VP/S 11315 JOHNS CREEK PKWY JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN JOSEPH VICE PRESIDENT 11315 JOHNS CREEK PARKWAY JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL MINECK VICE PRESIDENT 11315 JOHNS CREEK PARKWAY JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARYL P SHEPHERD VICE PRESIDENT 11315 JOHNS CREEK PARKWAY JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DINA S VENERO VICE PRESIDENT 11315 JOHNS CREEK PARKWAY JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD WILLIAMS VICE PRESIDENT 5000 YONGE STREET, SUITE 800 , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT WOOD VICE PRESIDENT 11315 JOHNS CREEK PARKWAY JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLY ADAMS CFO/T 1400 CENTER VIEW DR LITTLE ROCK, AR 72211	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY ANGLE ASST SECRETARY 2 LAKESIDE FARM COURT GLEN ARM, MD 21057	<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
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 type="checkbox"/> DIRECTOR

NAME: JOHN W. JOSEPH TITLE: CAO ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JAMES MARTIN FLEWELLEN TITLE: DIRECTOR ADDRESS: 1150 S. OLIVE ST CITY/ST/ZIP/CO: LOS ANGELES, CA 90015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	5/7/2015 DATE
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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.