

1.) CORPORATION NAME:

First Horizon Insurance Services, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1414574**

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:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 530 OAK COURT DRIVE SUITE 200

CITY/ST/ZIP: MEMPHIS, TN 38117-

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: JOHN LESLIE KELLER
TITLE: SECRETARY
ADDRESS: 530 OAK COURT DR SUITE #200
CITY/ST/ZIP/CO: MEMPHIS, TN 38117-

OFFICER

DIRECTOR

NAME: PAUL HOWARD MANN
TITLE: CHF COMP OFFCR
ADDRESS: 530 OAK COURT DR, SUITE 200
CITY/ST/ZIP/CO: MEMPHIS, TN 38117-

OFFICER

DIRECTOR

NAME: RHOMES C AUR
TITLE: DIRECTOR
ADDRESS: 165 MADISON AVE
CITY/ST/ZIP/CO: MEMPHIS, TN 38103-

OFFICER

DIRECTOR

NAME: MIMS CLAYTON
TITLE: PRESIDENT
ADDRESS: 530 OAK COURT DRIVE #200
CITY/ST/ZIP/CO: MEMPHIS, TN 38117-

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/ PAUL HOWARD MANN
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PAUL HOWARD MANN, CHF
COMP OFFCR
PRINTED NAME AND CORPORATE
TITLE

3/3/2011
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.