

|   |  |       |            |        |       |
|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>First Horizon Insurance Services, Inc.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX ROAD, SUITE 285<br/>         GLEN ALLEN, VA</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>TN</b> | DUE DATE: <b>3/31/2015</b><br>SCC ID NO: <b>F1414574</b><br>5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS   | AUTHORIZED   |       |            |        |       |
| COMMON  | 1,000  |       |            |        |       |

|                                     |  |
|-------------------------------------|--|
| 6.) PRINCIPAL OFFICE ADDRESS:       |  |
| ADDRESS: 165 MADISON AVENUE<br>14TH |  |
| CITY/ST/ZIP: MEMPHIS, TN 38103      |  |

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: MIMS CLAYTON<br>TITLE: PRESIDENT<br>ADDRESS: 165 MADISON AVENUE<br>14TH<br>CITY/ST/ZIP/CO: MEMPHIS, TN 38103 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|--------------------------|----------|

|  |                                     |         |                          |          |
|--|-------------------------------------|---------|--------------------------|----------|
| NAME: ADELLA HEARD<br>TITLE: SECRETARY<br>ADDRESS: 165 MADISON AVE<br>8TH<br>CITY/ST/ZIP/CO: MEMPHIS, TN 38103 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|--------------------------|----------|

|  |                                     |         |                          |          |
|--|-------------------------------------|---------|--------------------------|----------|
| NAME: PAUL HOWARD MANN<br>TITLE: CHF COMP OFFCR<br>ADDRESS: 165 MADISON AVE<br>14TH<br>CITY/ST/ZIP/CO: MEMPHIS, TN 38103 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|--------------------------|----------|

|  |                          |         |                                     |          |
|--|--------------------------|---------|-------------------------------------|----------|
| NAME: RHOMES C AUR<br>TITLE: DIRECTOR<br>ADDRESS: 165 MADISON AVE<br>14TH<br>CITY/ST/ZIP/CO: MEMPHIS, TN 38103 | <input type="checkbox"/> | OFFICER | <input checked="" 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/ PAUL HOWARD MANN                                | PAUL HOWARD MANN, CHF                          | 4/14/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | COMP OFFCR<br>PRINTED NAME AND CORPORATE TITLE | 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.