

1.) CORPORATION NAME:

DUE DATE: **4/30/2013**

**Continental Southern Insurance Agency, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**COLLABORATIVE INSURANCE CONSULTANTS, LLC  
12208 BAYSWATER COURT  
GLEN ALLEN, VA**

SCC ID NO: **F1744590**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5511 MURRAY AVE  
CITY/ST/ZIP: MEMPHIS, TN 38119

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: LISA L KENNEDY TITLE: PRESIDENT ADDRESS: 5511 MURRAY AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38119	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES M FIELDS TITLE: VICE PRESIDENT ADDRESS: 5511 MURRAY AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38119	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAYE M FIELDS TITLE: VP/S ADDRESS: 5511 MURRAY AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38119	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA M KENNEDY TITLE: VP/TREAS ADDRESS: 5511 MURRAY AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38119	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MONTI G MCCAULEY TITLE: ASST SEC/TREAS ADDRESS: 5511 MURRAY AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38119	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY J MONTGOMERY TITLE: C ADDRESS: 5511 MURRAY AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38119	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E FIELDS DIRECTOR 5511 MURRAY AVE MEMPHIS, TN 38119	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN P MCCAULEY DIRECTOR 5511 MURRAY AVE MEMPHIS, TN 38119	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA F HUNT DIRECTOR 5511 MURRAY AVE MEMPHIS, TN 38119	<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/ LISA L KENNEDY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA L KENNEDY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/16/2013 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.			