

1.) CORPORATION NAME:

TIS Insurance Services, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1777632**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 WINSTON RD STE 100

CITY/ST/ZIP: KNOXVILLE, TN 37919

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BENJAMIN KELLY		
TITLE: President, EBD		
ADDRESS: 1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RAYMOND OAKES, III		
TITLE: Pres, Const Div		
ADDRESS: 1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHARLES TAYLOR PRESTON		
TITLE: Pres, HCS Div		
ADDRESS: 1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM M THOMAS JR		
TITLE: Pres, Commercial		
ADDRESS: 1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DONALD WAKE		
TITLE: Corp Pres		
ADDRESS: 1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIMBERLY WILSON		
TITLE: PRESIDENT		
ADDRESS: 1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919		

NAME: MARSHA PETERS TITLE: COO ADDRESS: 1900 WINSTON ROAD, SUITE 100 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: EDWARD B SIMS TITLE: CEO ADDRESS: 1900 WINSTON ROAD, SUITE 100 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: William Thomas Sr. TITLE: Chairman ADDRESS: 1900 WINSTON ROAD, SUITE 100 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<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/ KIMBERLY WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIMBERLY WILSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/20/2014 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.		