

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000791

Entity Name: TENNESSEE GROUP INSURANCE SERVICES, INC.**Current Principal Place of Business:**1 CAMERON HILL CIRCLE
1.5
CHATTANOOGA, TN 37402**Current Mailing Address:**1 CAMERON HILL CIRCLE
1.5
CHATTANOOGA, TN 37402**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SMITH, HENRY
Address 1 CAMERON HILL CIRCLE, 1.5
City-State-Zip: CHATTANOOGA TN 37402

Title DIRECTOR
Name GRACEY, WILLIAM
Address 1 CAMERON HILL CIRCLE, 1.5
City-State-Zip: CHATTANOOGA TN 37402

Title DIRECTOR
Name HICKEY, JASON D
Address 1 CAMERON HILL CIRCLE, 1.5
City-State-Zip: CHATTANOOGA TN 37402

Title TREA
Name STANA, BRIAN
Address 1 CAMERON HILL CIRCLE
City-State-Zip: CHATTANOOGA TN 37402

Title VP
Name STEVENS, DAVID
Address 1 CAMERON HILL CIRCLE, 1.5
City-State-Zip: CHATTANOOGA TN 37402

Title SECRETARY
Name CLEMONS, SHELIA
Address 1 CAMERON HILL CIRCLE, 1.5
City-State-Zip: CHATTANOOGA TN 37402

Title DIRECTOR
Name GIBLIN, JOHN
Address 1 CAMERON HILL CIRCLE, 1.5
City-State-Zip: CHATTANOOGA TN 37402

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHELIA CLEMONS**SECRETARY****03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date