F02000003745

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Horizon Insurance Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michelle L Christopher
(Name of Person)

First Horizon Insurance Services, Inc.
(Firm/Company)

530 Oak Court Dr., Suite #200
(Address)

Memphis, TN. 38117
(City/State and Zip code)

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-07/22/02--01060--002
*****70.00 *****70.00

For further information concerning this matter, please call:

Michelle L Christopher at (901) 818-6116
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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02 JUL 22 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

7/22/02

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. First Horizon Insurance Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Tennessee
(State or country under the law of which it is incorporated)

3. 62-1808679
(FEI number, if applicable)

4. 12/29/99
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. ("upon qualification")
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 530 Oak Court Dr., Suite #200, Memphis, TN. 38117
(Principal office address)

530 Oak Court Dr. Suite #200, Memphis, TN. 38117
(Current mailing address)

8. Insurance Agency
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 S. Pine Island Rd.

Plantation, Florida 33324
(City) (Zip code)

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10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*please see attached acceptance of appointment
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and business addresses of officers and/or directors:** *Please see attached Addendum

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: _____

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John Leslie Keller
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John Leslie Keller - Compliance Officer
(Typed or printed name and capacity of person signing application)

Officers and Director of First Horizon Insurance Services, Inc.

Name	Soc. Sec. #	D.O.B.	Home Address	Business Address	Title	Date of App't
Karen Garrison Goff	413-02-1261	4/4/57	8149 Kimbrook Dr. Germantown, TN 38138	530 Oak Court Dr. Ste.200 Memphis, TN 38117	President	1/31/00
					Treasurer	5/15/01
Mitzie Quarles Satterfield	410-25-1852	8/7/60	677 North Chucky Pike Jefferson City,TN 37760	1030 S. Hwy 92, Ste. A Dandridge, TN 37725	Secretary	1/31/00
John Leslie Keller	428-11-2369	2/17/58	4183 Red Leaf Cv Memphis, TN 38141	530 Oak Court Dr. Ste.200 Memphis, TN 38117	Compliance Officer	8/1/00
Charles Burkett	409-88-6221	1/16/51	2307 Dogwood Glenn Cv Germantown, TN 38139	165 Madison Ave. Memphis, TN 38103	Director	1/31/00

ACCEPTANCE OF APPOINTMENT

RE: **FIRST HORIZON INSURANCE SERVICES, INC.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: July 8, 2002

C T CORPORATION SYSTEM

By _____
John J. Linnihan, Asst. Vice President

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TALLAHASSEE, FLORIDA

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 06/24/2002
REQUEST NUMBER: 02175507
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/29/1999
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0382192
JURISDICTION: TENNESSEE

TO:
FIRST HORIZON INS SVCS/%M. CHRISTOPHER
530 OAK COURT DR
SUITE 200
MEMPHIS, TN 38117

REQUESTED BY:
FIRST HORIZON INS SVCS/%M. CHRISTOPHER
530 OAK COURT DR
SUITE 200
MEMPHIS, TN 38117

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"FIRST HORIZON INSURANCE SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/24/02

	FEES	
RECEIVED:	$400.00	$0.00
TOTAL PAYMENT RECEIVED:		$400.00

FROM:
FIRST TENNESSEE (MEMPHIS)
PO BOX 84

MEMPHIS, TN 38101-0000

RECEIPT NUMBER: 00003105666
ACCOUNT NUMBER: 00001505

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

SS-4458