

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003745

FILED
Feb 22, 2007
Secretary of State

Entity Name: FIRST HORIZON INSURANCE SERVICES, INC.

Current Principal Place of Business:

530 OAK COURT DR. STE. 200
MEMPHIS, TN 38117

New Principal Place of Business:

Current Mailing Address:

530 OAK COURT DR. STE. 200
MEMPHIS, TN 38117

New Mailing Address:

FEI Number: 62-1808679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: RILEY, KIMBERLY L
Address: 530 OAK COURT DR. STE. 200
City-St-Zip: MEMPHIS, TN 38117

Title: S () Delete
Name: KELLER, JOHN L
Address: 530 OAK CT. DR. STE 200
City-St-Zip: MEMPHIS, TN 38117

Title: CO () Delete
Name: JARNAGIN, SUSAN R
Address: 530 OAK COURT DR. STE. 200
City-St-Zip: MEMPHIS, TN 38117

Title: D () Delete
Name: AUR, RHOMES
Address: 4385 POPLAR AVENUE
City-St-Zip: MEMPHIS, TN 38117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AUR, RHOMES
Address: 165 MADISON AVENUE
City-St-Zip: MEMPHIS, TN 38103

Title: CCO () Change (X) Addition
Name: MANN, PAUL H
Address: 530 OAK COURT DRIVE, SUITE 200
City-St-Zip: MEMPHIS, TN 38117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL MANN

CCO

02/22/2007

Electronic Signature of Signing Officer or Director

_____ Date