

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006010

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** WILLIS INSURANCE SERVICES OF GEORGIA, INC.

**Current Principal Place of Business:**

ONE GLENLAKE PARKWAY  
STE 1100  
ATLANTA, GA 30328 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HOLLY GAY MURPHY  
26 CENTURY BLVD  
NASHVILLE, TN 37214 US

**New Mailing Address:**

**FEI Number:** 58-1704046

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSMAN, ADAM  
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST  
City-St-Zip: NEW YORK, NY 10281 US

Title: D  
Name: KRAUZE, VICTOR P  
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST  
City-St-Zip: NEW YORK, NY 10281 US

Title: P  
Name: MORGAN, BRIAN  
Address: ONE GLENLAKE PKWY, 11TH FL  
City-St-Zip: ATLANTA, GA 30328 US

Title: S  
Name: MURPHY, HOLLY G  
Address: 26 CENTURY BLVD  
City-St-Zip: NASHVILLE, TN 37214 US

Title: T  
Name: MOONEY, C. WILLIAM  
Address: 26 CENTURY BLVD  
City-St-Zip: NASHVILLE, TN 37214 US

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: HOLLY GAY MURPHY

SECR

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date