2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006632

1. Entity Name
TRMK RISK MANAGEMENT, INC

Principal Place of Business	Mailing Address
1701 LAKELAND DRIVE JACKSON, MS 39216	1701 LAKELAND DRIVE JACKSON, MS 39216

04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1780151
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUMRALL, JOHN D
4460 LEGENDARY DRIVE, SUITE 350
DESTIN, FL 32541

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John D Sumrall 4/18/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	DEWEY, DUANE
STREET ADDRESS	1701 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	VC
NAME	RALSTON, DOUG
STREET ADDRESS	1701 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	D
NAME	HOWARD, THOMAS
STREET ADDRESS	P.O. BOX 291
CITY-ST-ZIP	JACKSON, MS 39205
TITLE	D
NAME	ANDERSON, JON
STREET ADDRESS	P.O. BOX 291
CITY-ST-ZIP	JACKSON, MS 39205
TITLE	P
NAME	MARTIN, DAVID W
STREET ADDRESS	1701 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	V
NAME	ZITO, MIKE
STREET ADDRESS	1701 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39216

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05/10/06-80102-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/19/06 601/208-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #