



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000006632</b> 1. Entity Name TRMK RISK MANAGEMENT, INC	
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Principal Place of Business 1701 LAKELAND DRIVE JACKSON, MS 39216	Mailing Address 1701 LAKELAND DRIVE JACKSON, MS 39216
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

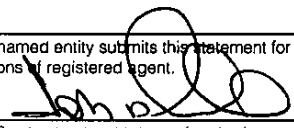
4. FEI Number 20-1780151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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  DATE 4/24/07

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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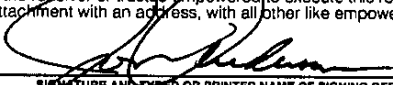
10. OFFICERS AND DIRECTORS

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

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05/18/07-80047-014 150.00

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:  Jon Anderson 4/19/07 606/208-7671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR