




**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000006632</b>		
1. Entity Name TRMK RISK MANAGEMENT, INC		
Principal Place of Business 1701 LAKELAND DRIVE JACKSON, MS 39216	Mailing Address 1701 LAKELAND DRIVE JACKSON, MS 39216	 04302008 No Chg-P CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  SUMRALL, JOHN D 4460 LEGENDARY DRIVE, SUITE 350 DESTIN, FL 32541		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000942430 05/23/08-80020-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEWEY, DUANE 1701 LAKELAND DRIVE JACKSON, MS 39216	<b>DO NOT WRITE IN THIS SPACE</b>
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	
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:  <b>Jon Anderson</b>		Date <b>4/30/2008</b> Daytime Phone # <b>(601) 208-7671</b>