2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F05000002484

Entity Name: REGIONS INSURANCE SERVICES, INC.

Current Principal Place of Business:

7130 GOODLETT FARMS PARKWAY, A2E
CORDOVA, TN 38016

New Principal Place of Business:

Current Mailing Address:

7130 GOODLETT FARMS PARKWAY, A2E
CORDOVA, TN 38016

New Mailing Address:

FEI Number: 20-2654734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP ( ) Delete
Name: HARPER, WILLIAM A JR
Address: 7130 GOODLETT FARMS PARKWAY, A2E
City-St-Zip: CORDOVA, TN 38016

Title: DS ( ) Delete
Name: STYLES, JOEL R
Address: 1500 RIVERFRONT DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: DT ( ) Delete
Name: BENNETT, JOHN
Address: 6200 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38119

Title: D ( ) Delete
Name: BOWLIN, DAVID L
Address: 6200 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38119

Title: D ( ) Delete
Name: MARTIN, DARYLL
Address: 6200 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38119

Title: AS ( ) Delete
Name: BOLAND, GAIL
Address: 6200 POPLAR AVENUE
City-St-Zip: MEMPHIS, TN 38119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change ( ) Addition
Name: CALDWELL, MARY K
Address: 6200 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38119

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

Title: DV (X) Change ( ) Addition
Name: MARTIN, DARYLL
Address: 6200 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38119

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

I hereby certify that the information supplied with this filing does not qualify 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: JOEL R STYLES S 04/24/2008

Electronic Signature of Signing Officer or Director — Date