F07000004015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/9/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FIRST HORIZON INSURANCE GROUP, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JACKIE REYNOLDS
(Name of Person)

FIRST HORIZON INSURANCE
(Firm/Company)

3401 WEST END AVE SUITE 600
(Address)

NASHVILLE, TN 37203
(City/State and Zip code)

For further information concerning this matter, please call:

JACKIE REYNOLDS at (615) 463-7772
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☒ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. FIRST HORIZON INSURANCE GROUP, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE
(State or country under the law of which it is incorporated)

3. 62-1529978
(FEI number, if applicable)

4. 05/05/1993
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3401 WEST END AVE SUITE 600 NASHVILLE, TN 37203
(Principal office address)

3401 WEST END AVE SUITE 600 NASHVILLE, TN 37203
(Current mailing address)

8. INSURANCE SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Mary R. Adams MARY R. ADAMS ASSISTANT SECRETARY
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SARAH MEYERROSE

Address: 3401 WEST END AVE SUITE 600

NASHVILLE, TN 37203

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: GEORGE ANDERSON

Address: 3401 WEST END AVE SUITE 600 NASHVILLE, TN 37203

Vice President:

Address:

Secretary: STANLEY P. NUEHRING

Address: 3401 WEST END AVE SUITE 600 NASHVILLE, TN 37203

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Stanley P. Nuehring
(Signature of Director or Officer listed in number 12 of the application)

14. STANLEY P. NUEHRING SECRETARY
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/23/2007
REQUEST NUMBER: 07143546
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/05/1993
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0265537
JURISDICTION: TENNESSEE

TO:
JACKIE REYNOLDS
3401 WEST END AVE
STE 180
NASHVILLE, TN 37203

REQUESTED BY:
JACKIE REYNOLDS
3401 WEST END AVE
STE 180
NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"FIRST HORIZON INSURANCE GROUP, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE ON DATE: 05/23/07

	FEES	
RECEIVED:	$600.00	$0.00

TOTAL PAYMENT RECEIVED: $600.00

RECEIPT NUMBER: 00004194189
ACCOUNT NUMBER: 00512007

FROM:
SYNAXIS POLK & SULLIVAN
3401 WEST END AVE
SUITE 600
NASHVILLE, TN 37203-0000

SS-4458

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE