



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000180861		2. Name of Corporation First Horizon Insurance Group, Inc.			
3. Street Address Principal Business Office 3401 West End Ave, Ste 600		City Nashville		State TN	Zip 37203
4. Business Phone No. 615-385-2860		5. State of Incorporation Tennessee			
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kimberly L. Riley			Vice President Name Daniel D Hite		
Street Address 3401 West End Ave, Ste 600			Street Address 3401 West End Ave, Ste 600		
City Nashville	State TN	Zip 37203	City Nashville	State TN	Zip 37203
Secretary Name Norma J. Shirk			Treasurer Name None		
Street Address 3401 West End Ave, Ste 600			Street Address		
City Nashville	State TN	Zip 37203	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christine B Munson			Director Name None		
Street Address 3401 West End Ave, Ste 600			Street Address		
City Nashville	State TN	Zip 37203	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000,000	Class/Series STK	Par Value \$0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	NOV 24 2009 10:21
Check No.	By 104533
By:	KMC
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Norma J. Shirk Date 11-6-09
Print or Type Name Norma J. Shirk
Title Secretary