

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC -4 AM 9: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841134

1. Corporation Name

Octagon Risk Services, Inc.

2. Principal Office Address
1100 Ridgeway Loop Road

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Memphis, TN

City & State

Zip
38120

Country
USA

Zip

Country

REINSTATEMENT
CR2E081 (12/05)

05-06

4. Date incorporated or Qualified
To Do Business in Florida 7/26/78

5. FEI Number
41-1224875

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
660 East Jefferson St.

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

11/2/5

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Joy J. Linnihan
REGISTERED AGENT MUST SIGN

Date 11-28-2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	David A. North, Jr.	1100 Ridgeway Loop Road	Memphis, TN 38120
EVP/D	James B. Wiertelak	1100 Ridgeway Loop Road	Memphis, TN 38120
S/D	Paul J. Posey, Jr.	1100 Ridgeway Loop Road	Memphis, TN 38120
T/D	William A. Houlihan	1100 Ridgeway Loop Road	Memphis, TN 38120
			400081849504 11/19/06--01037--021 **900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul J. Posey, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/06

Date

901/415-7400

Daytime Phone #