

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002505

**Entity Name:** GALAHER SETTLEMENTS AND INSURANCE SERVICES, INC.

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC8222444062**

**Current Principal Place of Business:**

1100 RIDGEWAY LOOP ROAD  
2ND FLOOR  
MEMPHIS, TN 38120

**Current Mailing Address:**

1100 RIDGEWAY LOOP ROAD  
2ND FLOOR  
MEMPHIS, TN 38120

**FEI Number: 36-4268480**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title P  
Name EBEL, JAMES V  
Address 1100 RIDGEWAY LOOP ROAD  
City-State-Zip: MEMPHIS TN 38120

Title CLOD  
Name HOOD, JASON P  
Address 1100 RIDGEWAY LOOP ROAD  
City-State-Zip: MEMPHIS TN 38120

Title D  
Name PENMAN, STEVEN E  
Address 1100 RIDGEWAY LOOP ROAD  
City-State-Zip: MEMPHIS TN 38120

*I hereby 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 all other like empowered.*

**SIGNATURE: JASON P. HOOD**

**SECRETARY**

**03/18/2015**

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Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_

Date