

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06685 (2)**

1. Corporation Name
PERMANENT GENERAL ASSURANCE CORPORATION



Principal Place of Business: **301 PLUS PARK BLVD., SUITE 10 NASHVILLE TN 37217-1005 US**
Mailing Address: **P.O. BOX 110656 NASHVILLE TN 37222-0656 US**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State: [23] Zip [24] Country [25]
2a. Mailing Address: [26] P. O. BOX 305054 [27] City & State: [28] NASHVILLE, TN [29] Zip [30] Country [31]

3. Date Incorporated or Qualified: **07/10/1985** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-2960609** Applied For: [] Not Applicable []
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] State: **FL** 85 Zip Code: []

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the individual who is registered agent and the state officer

Signature of Registered Agent (signature of registered agent not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSELL, JOHN	
STREET ADDRESS	301 PLUS PARK BLVD., STE 10	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, JAMES E JR	
STREET ADDRESS	4400 HARDING ROAD	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUNN, THOMAS H	
STREET ADDRESS	4400 HARDING ROAD	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HETTINGER, DAVID L.	
STREET ADDRESS	301 PLUS PARK BLVD., STE 10	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLAVERIE, ROY E	
STREET ADDRESS	4400 HARDING ROAD	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SALISBURY, SCOTT A	
STREET ADDRESS	301 PLUS PARK BLVD., STE 10	
CITY-STATE-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MASON, STEVEN J.	
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SANGINARIO, GARY T.	
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Hettinger* VP-FIN. & ADM.

2/7/96

615-242-1961 X.277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)