

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 306054 NASHVILLE TN 37230-5054 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/10/1985	3a. Date of Last Report 02/14/1996
21	26	4. FEI Number 13-2960809	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, STEVEN J	1.2 NAME	
STREET ADDRESS	301 PLUS PARK BLDV., STE 10	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JAMES E JR	2.2 NAME	Morelli, William P.
STREET ADDRESS	4400 HARDING ROAD	2.3 STREET ADDRESS	4400 Harding Road
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	Nashville, TN 37205
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNN, THOMAS H	3.2 NAME	Mitchell, Robert W.
STREET ADDRESS	4400 HARDING ROAD	3.3 STREET ADDRESS	4400 Harding Rd.
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Nashville, TN 37205
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	Sr. Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETTINGER, DAVID L.	4.2 NAME	
STREET ADDRESS	301 PLUS PARK BLDV., STE 10	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVERIE, ROY E	5.2 NAME	
STREET ADDRESS	4400 HARDING ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGINARIO, GARY T	6.2 NAME	
STREET ADDRESS	301 PLUS PARK BLDV., STE 10	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **President & CEO** 4-25-97 615-242-1961 x.205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)