

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90184 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P06685**

1. Corporation Name  
**PERMANENT GENERAL ASSURANCE CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**301 PLUS PARK BLVD., SUITE 10**  
**NASHVILLE TN 37217-1005**  
 US

Mailing Address  
**P.O. BOX 305054**  
**NASHVILLE TN 37230-5054**  
 US

3. Date Incorporated or Qualified  
**07/10/1985**

4. FEI Number  
**13-2960609**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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  
**FL** 85 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 MASON, STEVEN J	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 PLUS PARK BLDV., STE 10	1.2 NAME	Parker, Randy P.
STREET ADDRESS	NASHVILLE TN	1.3 STREET ADDRESS	301 Plus Park Blvd., Suite 10
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Nashville, TN 37217
TITLE	S MORELLI, WILLIAM P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4400 HARDING ROAD	2.2 NAME	
STREET ADDRESS	NASHVILLE TN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T MITCHELL, ROBERT W	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4400 HARDING ROAD	3.2 NAME	
STREET ADDRESS	NASHVILLE TN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SVP HETTINGER, DAVID L.	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	301 PLUS PARK BLVD., STE 10	4.2 NAME	
STREET ADDRESS	NASHVILLE TN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD CLAVERIE, ROY E	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4400 HARDING ROAD	5.2 NAME	Mason, Steven J.
STREET ADDRESS	NASHVILLE TN	5.3 STREET ADDRESS	301 Plus Park Blvd., Suite 10
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Nashville, TN 37217
TITLE	VP SANGINARIO, GARY T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 PLUS PARK BLVD., STE 10	6.2 NAME	VP & Chief Actuary
STREET ADDRESS	NASHVILLE TN	6.3 STREET ADDRESS	Bowron, Lee M.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	301 Plus Park Blvd., Suite 10

14. I 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, with all other like empowered.

SIGNATURE: *David L. Hettinger* **DAVID L. HETTINGER** 4/28/99 615-242-1961-277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)