

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90300 031 ***150.00



DOCUMENT # P06685				1. Entity Name PERMANENT GENERAL ASSURANCE CORPORATION			
Principal Place of Business 2636 ELM HILL PIKE SUITE 510 NASHVILLE, TN 37214 US						Mailing Address P.O. BOX 305054 NASHVILLE, TN 37230-5054 US	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 13-2960609			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PCED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PARKER, RANDY P		NAME				
STREET ADDRESS	2636 ELM HILL PIKE, STE 510		STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE, TN 37214		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORELLI, WILLIAM P		NAME				
STREET ADDRESS	4400 HARDING ROAD		STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE, TN		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BELSER, JEFFREY K		NAME				
STREET ADDRESS	4400 HARDING ROAD		STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE, TN 37205		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HETTINGER, DAVID L.		NAME				
STREET ADDRESS	2636 ELM HILL PIKE, STE 510		STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE, TN 37214		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONOVAN, BRIAN M		NAME	Donovan, Brian M.			
STREET ADDRESS	2636 ELM HILL PIKE, STE 510		STREET ADDRESS	2636 Elm Hill Pike, Suite 510			
CITY-ST-ZIP	NASHVILLE, TN 37214		CITY-ST-ZIP	Nashville, TN 37214			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				



04122005 Chg-P CR2E034 (10/03)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David L. Hettinger* David L. Hettinger 4-13-05 615-242-1961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Permanent General Assurance Corporation

DIRECTORS
Randy P. Parker
David L. Hettinger
Brian M. Donovan
John B. Allyn
Andrew P. Martin
Allison W. Garretson
Elizabeth A. Roberts

OFFICERS

P/D	Randy P. Parker	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V/D	David L. Hettinger	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V/S/D	John B. Allyn	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V/T/D	Brian M. Donovan	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V/D	Allison R. Garretson	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V	Charles W. Kirkland	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V	Douglas A. Markel	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V/D	Andrew P. Martin	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V	Stephen J. Frisina	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V	Richard G. Fuqua	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
Asst. V	Gail R. Banks	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
Asst. V	Todd Hakala	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214

ATTACHMENT 40063467

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Asst. V	Eileen Manners	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
V/D	Elizabeth A. Roberts	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214
Assistant Controller and Assistant Secretary	Robert E. Nelson	2636 Elm Hill Pike, Suite 510 Nashville, TN 37214