# Page 5

(Re	questor's Name)			
(6.4		. <del></del> .		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
<u> </u>		_		

Office Use Only



500304079565

10/18/17--01018--014 \*\*55.00

2017 OCT 18 PH 4: 33

C. GOLDEN 0CT 1 9 2017

#### **COVER LETTER**

TO:	Amendment Section Division of Corporations				
CHE	Permanent General Assurance Corporatio	n			
SUB	Name of C	Corpora	ion		<del></del>
DOC	CUMENT NUMBER: P06685				
The e	enclosed Amendment and fee are submitte	d for fi	ing.		
Please	e return all correspondence concerning thi	is matte	r to the followin	g:	
Rebec	eca Buchanan-Mackie				
	Name of Contact Person	_			
Home	esite Group Incorporated				
	Firm/Company	-			
One F	Federal St., Suite 400				
	Address				
Bostor	on, MA 02110				
	City/State and Zip Code				
EReid	1@thegeneral.com				
1.	E-mail address: (to be used for future annual r	report n	otification)		
For fi	urther information concerning this matter,	please	call:		
Rebec	cca Buchanan-Mackie at	617 <b>t (</b>	832-1443		
	Name of Contact Person	Area	Code & Daytime	Feleph	one Number
Enclo	osed is a check for the following amount:				
×	\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status		\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		\$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Maili	ing Addrage. St	troot A	ldrace:		

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

### PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

	TION I SE COMPLETED)	2017 OCT 18 PH
P06685		813
(Document number of	of corporation (if known)	
1. Permanent General Assurance Corporation		<del>-</del>
(Name of corporation as it appears o	n the records of the Department of State)	<u> </u>
2 Ohio	3 7/10/1985	
(Incorporated under laws of)	3. 7/10/1985 (Date authorized to do busin	ess in Florida)
(4-7 COMPLETE ONLY T	TION II THE APPLICABLE CHANGES)	and the Manage of
4. If the amendment changes the name of the corporation		er the laws of
its jurisdiction of incorporation?		
5. (Name of corporation after the amendment, adding surappropriate abbreviation, if not contained in new name	ffix "corporation," "company," or "ine of the corporation)	ncorporated," or
(If new name is unavailable in Florida, enter alternate obusiness in Florida)	corporate name adopted for the purpo	ose of transacting
6. If the amendment changes the period of duration, indi-	cate new period of duration.	
(New	duration)	
7. If the amendment changes the jurisdiction of incorporation with the incorporation of incorporation with the incorporation of incorporation of incorporation with the incorporation of incorpor	ation, indicate new jurisdiction.	
8. Attached is a certificate or document of similar impor 90 days prior to delivery of the application to the Depa having custody of corporate records in the jurisdiction	t, evidencing the amendment, authen artment of State, by the Secretary of under the laws of which it is incorp-	iticated not more than State or other official orated.
Swear Brus	LIUU	
(Signature of a director, preside of a receiver of other court ap	dent or other officer - if in the hands oppointed fiduciary, by that fiduciary)	
Susan G. Anderson	Vice President	
(Typed or printed name of person signing)	(Title of person signing)	ng)



## State of Wisconsin Office of the Commissioner of Insurance P.O. Box 7873 Madison, Wisconsin 53707-7873

#### Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

Order of Redomestication

for Permanent General Assurance Corporation

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 18th day of September, 2017.

Commissioner of Insurance

OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)	STATE OF WISCONSIN
In the Matter of the Redomestication of	ORDER
Permanent General Assurance Corporation	Case No. 16-C42078
[NAIC No. 37648]	
Respondent.	

BEFORE THE HONORABLE THEODORE K. NICKEL COMMISSIONER OF INSURANCE

#### FINDINGS OF FACT

- Permanent General Assurance Corporation (the "Company"), presently domiciled in the State of Ohio, has applied to OCI for approval to redomesticate to Wisconsin pursuant to s. 611.223, Wis. Stat. and s. Ins 6.03, Wis. Adm. Code. The Company currently has a certificate of authority to conduct the business of insurance in the State of Wisconsin.
- 2. The Company's principal place of business is 2636 Elm Hill Pike, Suite 510 Nashville, Tennessee, 37214.
- 3. The application for redomestication has met all of the required contents set-forth in s. Ins. 6.03 (3), Wis. Adm. Code.
- 4. No evidence has been submitted that the proposed transfer of domicile is inconsistent with the interests of the Company's insureds and of the public.

#### **CONCLUSION OF LAW**

5. The application for redomestication to Wisconsin complies with the requirements set-forth in s. 611.223, Wis, Stat. and s. Ins 6.03, Wis. Adm. Code.

#### ORDER

NOW, THEREFORE, based upon the findings of fact and conclusion of law, it is hereby ordered that:

- 6. The redomestication of the Company from Ohio to Wisconsin is approved as of August 31, 2017.
- 7. The Company will be issued an amended certificate of authority that shows that it is domiciled in the State of Wisconsin.
- 8. The transfer of the Company's place of domicile does not affect the obligations of the insurer under its existing insurance contracts, or any existing contracts.

Dated at Madison, Wisconsin, this  $\frac{1}{2}$  day of September, 2017.

JP Wieske

Deputy Commissioner of Insurance