

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90463 011 ***150.00

US646393
A1

DOCUMENT # P06685
1. Entity 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 305054
NASHVILLE TN 37230-5054
US**

90038879



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **13-2960609**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, RANDY P	
STREET ADDRESS	301 PLUS PARK BLDV., STE 10	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORELLI, WILLIAM P	
STREET ADDRESS	4400 HARDING ROAD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, ROBERT W	
STREET ADDRESS	4400 HARDING ROAD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	HETTINGER, DAVID L.	
STREET ADDRESS	301 PLUS PARK BLVD., STE 10	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MASON, STEVEN J	
STREET ADDRESS	301 PLUS PARK BLVD., STE 10	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONOVAN, BRIAN M	
STREET ADDRESS	301 PLUS PARK BLVD., STE 10	
CITY-ST-ZIP	NASHVILLE TN	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Brian M. Donovan* **REQUIRED** Brian M. Donovan 2/25/2003 615-744-1271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)