

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06685

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC6044743179**

**Entity Name:** PERMANENT GENERAL ASSURANCE CORPORATION

**Current Principal Place of Business:**

2636 ELM HILL PIKE  
SUITE 510  
NASHVILLE, TN 37214

**Current Mailing Address:**

P.O. BOX 305054  
NASHVILLE, TN 37230-5054 US

**FEI Number:** 13-2960609

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name HOLLAR, JOHN A  
Address 2636 ELM HILL PIKE, STE 510  
City-State-Zip: NASHVILLE TN 37214

Title VCAD  
Name HETTINGER, DAVID L.  
Address 2636 ELM HILL PIKE, STE 510  
City-State-Zip: NASHVILLE TN 37214

Title VCFD  
Name DONOVAN, BRIAN M  
Address 2636 ELM HILL PIKE, STE 510  
City-State-Zip: NASHVILLE TN 37214

Title VD  
Name MARTIN, ANDREW P  
Address 2636 ELM HILL PIKE, SUITE 510  
City-State-Zip: NASHVILLE TN 37214

Title VHR  
Name ROBERTS, ELIZABETH A  
Address 2636 ELM HILL PIKE, SUITE 510  
City-State-Zip: NASHVILLE TN 37214

Title S  
Name KAISER, SHERRILL C  
Address 2636 ELM HILL PIKE, SUITE 510  
City-State-Zip: NASHVILLE TN 37214

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID L. HETTINGER

VP

03/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date