

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06685

**FILED**  
**Jan 17, 2019**  
**Secretary of State**  
**7234746550CC**

**Entity Name:** PERMANENT GENERAL ASSURANCE CORPORATION

**Current Principal Place of Business:**

2636 ELM HILL PIKE  
SUITE 510  
NASHVILLE, TN 37214

**Current Mailing Address:**

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

Title ASST. SECRETARY  
Name NELSON, ROBERT E  
Address 2636 ELM HILL PIKE  
SUITE 510  
City-State-Zip: NASHVILLE TN 37214

Title CFO AND TREASURER  
Name LORION, MICHAEL D  
Address ONE FEDERAL STREET  
4TH FLOOR  
City-State-Zip: BOSTON MA 02110

Title ASSISTANT TREASURER  
Name VAN BEEK, TROY P  
Address 6000 AMERICAN PARKWAY  
City-State-Zip: MADISON WI 53783

Title VP AND ASST. SECRETARY  
Name ANDERSON, SUSAN G  
Address ONE FEDERAL STREET  
4TH FLOOR  
City-State-Zip: BOSTON MA 02110

Title VP  
Name SETTEL, PETER  
Address ONE FEDERAL STREET  
4TH FLOOR  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name LIVERMORE, MICHAEL S.  
Address 2636 ELM HILL PIKE  
City-State-Zip: NASHVILLE TN 37214

Title PRESIDENT  
Name FONDRIEST, FABIAN J.  
Address ONE FEDERAL STREET, 4TH FLOOR  
City-State-Zip: BOSTON MA 02110

**Continues on page 2**

*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:** SHERRILL C. KAISER

**SECRETARY**

**01/17/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            COO AND DIRECTOR  
Name            STEVEN, R TJUGUM  
Address        2636 ELM HILL PIKE  
City-State-Zip: NASHVILLE TN 37214

Title            DIRECTOR  
Name            VYNEMAN, THOMAS J.  
Address        2636 ELM HILL PIKE  
City-State-Zip: NASHVILLE TN 37214