

**2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06685

**FILED**  
**Apr 14, 2021**  
**Secretary of State**  
**4120289376CC**

**Entity Name:** PERMANENT GENERAL ASSURANCE CORPORATION

**Current Principal Place of Business:**

2636 ELM HILL PIKE  
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  
City-State-Zip: NASHVILLE TN 37214

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

Title CFO AND TREASURER  
Name VAN BEEK, TROY P  
Address ONE FEDERAL STREET 4TH FLOOR  
4TH FLOOR  
City-State-Zip: BOSTON MA 02110

Title ASSISTANT TREASURER  
Name VANG, MAY D  
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 PRESIDENT, DIRECTOR  
Name DESANTIS, ANTHONY J.  
Address 2636 ELM HILL PIKE  
City-State-Zip: NASHVILLE TN 37214

Title COO AND DIRECTOR  
Name RAVAL, KAUTILYA N  
Address 2636 ELM HILL PIKE  
SUITE 100  
City-State-Zip: NASHVILLE TN 37214

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

**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:** EILEEN MANNERS

**HEAD OF CLAIMS**

**04/14/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VP, DIRECTOR  
Name SCAVONGELLI, ANTHONY M  
Address ONE FEDERAL STREET, 4TH FLOOR  
City-State-Zip: BOSTON MA 02110

Title HEAD OF CLAIMS  
Name MANNERS, EILEEN  
Address 2636 ELM HILL PIKE  
City-State-Zip: NASHVILLE TN 37214

Title CHIEF REVENUE OFFICER AND  
DIRECTOR  
Name AZALI, ELICIA L  
Address 2636 ELM HILL PIKE  
100  
City-State-Zip: NASHVILLE TN 37214