

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90323 025 ***150.00

DOCUMENT # F03000004165	
1. Entity Name PREMIER GROUP INSURANCE COMPANY	

Principal Place of Business 100 VINE STREET, STE. 600 MURFREESBORO, TN 37130	Mailing Address PO BOX 1122 MURFREESBORO, TN 37133-1122
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40071000



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 62-1399844	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, W. ANDREW 100 VINE STREET, STE. 600 MURFREESBORO, TN 37130 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Porter Nelms 100 Vine Street Murfreessboro, TN 37130 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ROBERT 100 VINE STREET, STE. 600 MURFREESBORO, TN 37130 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director R. Michael Ussery 100 Vine Street Murfreessboro, TN 37130 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHE, RICHARD F JR 100 VINE STREET, STE. 600 MURFREESBORO, TN 37130 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROOP, JEFFREY A 100 VINE STREET, STE. 600 MURFREESBORO, TN 37130 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HESTER, DONNIE P 100 VINE STREET, STE. 600 MURFREESBORO, TN 37130 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAFFORD, CHARLOTTE A 100 VINE STREET, STE. 600 MURFREESBORO, TN 37130 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donnie P. Hester **DONNIE P. HESTER** 4/19/06 615-278-1225 x203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #