2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000004165

1. Entity Name
PREMIER GROUP INSURANCE COMPANY

Principal Place of Business	Mailing Address
100 VINE STREET, STE. 600 MURFREESBORO, TN 37130	PO BOX 1122 MURFREESBORO, TN 37133-1122

01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	NELMS, PORTER
STREET ADDRESS	100 VINE ST
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	D
NAME	ADAMS, ROBERT
STREET ADDRESS	100 VINE STREET, STE. 600
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	D
NAME	USSERY, R. MICHAEL
STREET ADDRESS	100 VINE ST
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	P
NAME	HESTER, DONNIE P
STREET ADDRESS	100 VINE STREET, STE. 600
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	T
NAME	SWAFFORD, CHARLOTTE A
STREET ADDRESS	100 VINE STREET, STE. 600
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80060-020 150.00

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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: [signature] DONNIE P. HESTER 2/27/06 615-278-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #