

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90038 016 ***150.00

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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**

40039353



01032008 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **Director**
NAME **Lassiter, David L.**
STREET ADDRESS **100 Vine Street, Ste. 600**
CITY-ST-ZIP **MurFREESBORO, TN 37130**

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNIE P. HESTER

2/4/08

Date

615-276-1225

Daytime Phone #