

F20000005597

(Requestor's Name)

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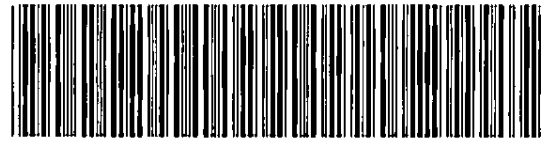
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CLERK OF SUPERIOR COURT  
DIVISION OF OPERATIONS  
TALLAHASSEE, FLORIDA

DEC 14 2020

K Brumpley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

**RESUBMIT**  
Please give original  
submission date as file date.

ACCOUNT NO. : I20000000195

REFERENCE : 538540 8066407

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : December 4, 2020

ORDER TIME : 9:28 AM

ORDER NO. : 538540-010

CUSTOMER NO: 8066407

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FOREIGN FILINGS

NAME: PERMANENT GENERAL ASSURANCE  
CORPORATION OF OHIO

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Permanent General Assurance Corporation of Ohio  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Permanent General Assurance Corporation of Ohio, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OH 3. 62-1482846  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 18, 991 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2636 Elm Hill Pike, Suite 100, Nashville, TN 37214  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. insurance company  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Chief Financial Officer

Office Address: Department of Financial Services, 200 E. Gaines Street

Tallahassee, Florida 32399  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☒ Chairman Name: Anthony J. DeSantis  
☐ Vice Chairman Address: 2636 Elm Hill Pike, Suite 100  
☐ Director Nashville, TN 37214  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Kautilya N. Raval  
☐ Vice Chairman Address: 2636 Elm Hill Pike, Suite 100  
☐ Director Nashville, TN 37214  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: COO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Elicia L. Azali  
☐ Vice Chairman Address: 2636 Elm Hill Pike, Suite 100  
☒ Director Nashville, TN 37214  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CRO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Anthony M. Scavongelli  
☐ Vice Chairman Address: One Federal Street, 4th Floor  
☒ Director Boston, MA 02110  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Thomas J. Vyneman  
☐ Vice Chairman Address: 2636 Elm Hill Pike, Suite 100  
☒ Director Nashville, TN 37214  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Troy Van Beek  
☐ Vice Chairman Address: One Federal Street, 4th Floor  
☐ Director Boston, MA 02110  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. *Sherrie C. Kaiser*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sherrie Kaiser, Secretary  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO, a Wisconsin corporation, having qualified to do business within the State of Ohio on December 18, 1991 under License No. 809020 is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 3rd day of December, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202033803134