

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06685

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:** CHIEF FINANCIAL OFFICER

03/26/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GWIDT, PAUL M
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title VP
Name MEIKLE, ROBERT T
Address 2636 ELM HILL PIKE
 510
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR, VP
Name JAIN, SIDDHARTH
Address 2636 ELM HILL PIKE
 510
City-State-Zip: NASHVILLE TN 37214

Title SECRETARY
Name ZANOW, RAINA M.
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title PRESIDENT AND DIRECTOR
Name RAVAL, KAUTILYA N
Address 2636 ELM HILL PIKE
 510
City-State-Zip: NASHVILLE TN 37214

Title VP
Name MANNERS, EILEEN M
Address 2636 ELM HILL PIKE
 510
City-State-Zip: NASHVILLE TN 37214

Title VP
Name YEISER, ROBERT J
Address 2636 ELM HILL PIKE
 510
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR
Name MCPARTLAND, PETER G
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

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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: RAINA M. ZANOW**SECRETARY**

03/26/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANHALT, PETER G
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR
Name SCHROEDER, TODD M
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481