

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004165

Entity Name: PREMIER GROUP INSURANCE COMPANY

Current Principal Place of Business:

100 VINE STREET, STE. 600
MURFREESBORO, TN 37130

Current Mailing Address:

PO BOX 1122
MURFREESBORO, TN 37133-1122

FEI Number: 62-1399844

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name NELMS, PORTER
Address 100 VINE ST
City-State-Zip: MURFREESBORO TN 37130

Title D
Name ADAMS, ROBERT
Address 100 VINE STREET, STE. 600
City-State-Zip: MURFREESBORO TN 37130

Title D
Name USSERY, R. MICHAEL
Address 100 VINE ST
City-State-Zip: MURFREESBORO TN 37130

Title P
Name HESTER, DONNIE P
Address 100 VINE STREET, STE. 600
City-State-Zip: MURFREESBORO TN 37130

Title T
Name SWAFFORD, CHARLOTTE A
Address 100 VINE STREET, STE. 600
City-State-Zip: MURFREESBORO TN 37130

Title D
Name LASSITER, DAVID L
Address 100 VINE STREET STE. 600
City-State-Zip: MURFREESBORO TN 37130

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: DONNIE P. HESTER

PRESIDENT

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date