

**2016 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**

**02/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date