

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004165

FILED
Feb 15, 2010
Secretary of State

Entity Name: PREMIER GROUP INSURANCE COMPANY

Current Principal Place of Business:

100 VINE STREET, STE. 600
MURFREESBORO, TN 37130

New Principal Place of Business:

Current Mailing Address:

PO BOX 1122
MURFREESBORO, TN 371331122

New Mailing Address:

FEI Number: 62-1399844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: LASSITER, DAVID L
Address: 100 VINE STREET STE. 600
City-St-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

PRES

02/15/2010

Electronic Signature of Signing Officer or Director

_____ Date