

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90124 025 ***150.00

001070

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002273

1. Corporation Name
PREMIUM PAYMENT PLAN, INC.



Principal Place of Business Mailing Address
 1107 PARKWAY DRIVE PO DRAWER 2027
 GOLDSBORO NC 27533 GOLDSBORO NC 27533-2027
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
05/09/1995
 4. FEI Number Applied For
56-1285550 Not Applicable
 5 **\$8.75 Additional**
 6 **Correction** Fee Required
 7 **made to** **\$5.00 May Be**
 8 **FEI Number** Added to Fees
 9 gible
 10 Yes No
 11 agent

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL
FLORIDA FL

81 Name
 82 Street Address
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, ROBERT W
STREET ADDRESS	1107 PARKWAY DRIVE
CITY-ST-ZIP	GOLDSBORO NC 27533
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, ROBERT C
STREET ADDRESS	1107 PARKWAY DRIVE
CITY-ST-ZIP	GOLDSBORO NC 27533
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BEST, HORACE L.
STREET ADDRESS	2108 N. BERKELEY BLVD
CITY-ST-ZIP	GOLDSBORO NC 27534
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	RZEPINSKI, JOHN E
STREET ADDRESS	1107 PARKWAY DRIVE
CITY-ST-ZIP	GOLDSBORO NC 27533
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	TILLMAN, MARIANNA S.
STREET ADDRESS	1107 PARKWAY DRIVE
CITY-ST-ZIP	GOLDSBORO NC 27533
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James R. Pouliot
1.3 STREET ADDRESS	9800 South Meridian Blvd.
1.4 CITY-ST-ZIP	Englewood, CO. 80112
2.1 TITLE	SR VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael L. Pautler
2.3 STREET ADDRESS	9 Farm Springs Drive
2.4 CITY-ST-ZIP	Farmington, CT 06032
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Judy S. Spitzer
3.3 STREET ADDRESS	9 Farm Springs Drive
3.4 CITY-ST-ZIP	Farmington, CT 06032
4.1 TITLE	VP Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Craig A. Nyman]
4.3 STREET ADDRESS	9 Farm Springs Drive
4.4 CITY-ST-ZIP	Farmington, CT 06032
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shelley G. Hengstler* 04/22/99 (303) 754-8400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)