

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005029

FILED
Feb 26, 2012
Secretary of State

Entity Name: PLATEAU CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

2701 N. MAIN STREET
CROSSVILLE, TN 38555

New Principal Place of Business:

Current Mailing Address:

PO BOX 7001
CROSSVILLE, TN 385577001

New Mailing Address:

FEI Number: 62-1624996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CDP
Name: WILLIAMS, WILLIAM D
Address: 9000 LEGENDS LAKE LANE
City-St-Zip: KNOXVILLE, TN 37922

Title: VCD
Name: WILLIAMS, THOMAS L
Address: 1076 EAST DEER CREEK DRIVE
City-St-Zip: CROSSVILLE, TN 38571

Title: VP
Name: WILLIAMS, THOMAS L
Address: 1076 EAST DEER CREEK DRIVE
City-St-Zip: CROSSVILLE, TN 38571

Title: SD
Name: ROBERTS, EURETHA J
Address: 251 JOE HENLEY ROAD
City-St-Zip: BAXTER, TN 38544

Title: TD
Name: RAMSEY, WILLIAM M
Address: 162 LITTLE JOHN LOOP
City-St-Zip: CROSSVILLE, TN 38555

Title: D
Name: GRAHAM, DAVID MICHAEL
Address: 39 GRAHAM CIRCLE
City-St-Zip: CROSSVILLE, TN 38555

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: MICHAEL RAMSEY

TD

02/26/2012

Electronic Signature of Signing Officer or Director

_____ Date