

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-04-1999 90124 025 \*\*\*150.00

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1. Corporation Name

PREMIUM PAYMENT PLAN, INC.

Principal Place of Business

1107 PARKWAY DRIVE  
GOLDSBORO NC 27533

Mailing Address

PO DRAWER 2027  
GOLDSBORO NC 27533-2027  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1995

4. FEI Number

56-1285550

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

gible  
☐ Yes ☐ No  
ent

Correction  
made to  
FEI Number

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 ☒ DELETE  
NAME STRICKLAND, ROBERT W  
STREET ADDRESS 1107 PARKWAY DRIVE  
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE PD ☒ DELETE  
NAME STRICKLAND, ROBERT C  
STREET ADDRESS 1107 PARKWAY DRIVE  
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE D ☒ DELETE  
NAME BEST, HORACE L.  
STREET ADDRESS 2108 N. BERKELEY BLVD  
CITY-ST-ZIP GOLDSBORO NC 27534

TITLE T ☒ DELETE  
NAME RZEPINSKI, JOHN E  
STREET ADDRESS 1107 PARKWAY DRIVE  
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE SD ☒ DELETE  
NAME TILLMAN, MARIANNA S.  
STREET ADDRESS 1107 PARKWAY DRIVE  
CITY-ST-ZIP GOLDSBORO NC 27533

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/President ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/99

Date

(303) 754-8400

Daytime Phone #

CR2E034 (1/198)

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