

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  
 1107 PARKWAY DRIVE  
 GOLDSBORO NC 27533

Mailing Address  
 PO DRAWER 2027  
 GOLDSBORO NC 27533-2027  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**05/09/1995**

4. FEI Number  
 56-1285550

5 *Correction made to FEI Number*

6 Applied For  
 Not Applicable

7 **\$8.75** Additional Fee Required  
**\$5.00** May Be Added to Fees

8 gible  
 Yes  No

9 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, ROBERT W	1.2 NAME	James R. Pouliot
STREET ADDRESS	1107 PARKWAY DRIVE	1.3 STREET ADDRESS	9800 South Meridian Blvd.
CITY-ST-ZIP	GOLDSBORO NC 27533	1.4 CITY-ST-ZIP	Englewood, CO. 80112
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SR VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, ROBERT C	2.2 NAME	Michael L. Pautler
STREET ADDRESS	1107 PARKWAY DRIVE	2.3 STREET ADDRESS	9 Farm Springs Drive
CITY-ST-ZIP	GOLDSBORO NC 27533	2.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEST, HORACE L.	3.2 NAME	Judy S. Spitzer
STREET ADDRESS	2108 N. BERKELEY BLVD	3.3 STREET ADDRESS	9 Farm Springs Drive
CITY-ST-ZIP	GOLDSBORO NC 27534	3.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RZEPINSKI, JOHN E	4.2 NAME	Craig A. Nyman]
STREET ADDRESS	1107 PARKWAY DRIVE	4.3 STREET ADDRESS	9 Farm Springs Drive
CITY-ST-ZIP	GOLDSBORO NC 27533	4.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, MARIANNA S.	5.2 NAME	
STREET ADDRESS	1107 PARKWAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDSBORO NC 27533	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)