

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002273

1. Entity Name
PREMIUM PAYMENT PLAN, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90012 048 ***150.00

Principal Place of Business 1107 PARKWAY DRIVE GOLDSBORO NC 27533	Mailing Address PO DRAWER 2027 GOLDSBORO NC 27533-2027 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9300 Arrowpoint Blvd. Suite, Apt. #, etc. MS 1313
City & State	City & State Charlotte, NC
Zip 28273	Country Mecklenburg



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1285550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL FLORIDA FL	7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301

8. 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 *Laura R. Dunlap* **Laura R. Dunlap**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **2/9/01**
as its agent

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POULIOT, JAMES R 9800 SOUTH MERIDIAN BLVD ENGLEWOOD CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PAUTLER, MICHAEL L 9 FARM SPRINGS DRIVE FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. & Controller Peter M. Vinci 9300 Arrowpoint Blvd. Charlotte, NC 28273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPITZER, JUDY S 9 FARM SPRINGS DRIVE FARMINGTON CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9300 Arrowpoint Blvd. Charlotte, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NYMAN, CRAIG A 9 FARM SPRINGS DRIVE FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPT Lawrence W. Gowen 9300 Arrowpoint Blvd. Charlotte, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD FISHER, JOSEPH F 9300 ARROWPOINT BOULEVARD CHARLOTTE NC 28273 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WHEELER, JOYCE W 9300 ARROWPOINT BOULEVARD CHARLOTTE NC 28273 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judy S. Spitzer* **Judy S. Spitzer, Corp. Secretary** 2/23/01 704-522-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)