

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # **P10384** (6)

1. Corporation Name
PLATEAU INSURANCE COMPANY

Principal Place of Business Mailing Address
**2301 NORTH MAIN STREET P.O. BOX 7001
CROSSVILLE TN 38557-7001 CROSSVILLE TN 38557-7001
US US**

APPROVED
AND
FILED
1995 MAY -1 PM 3:29

TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
06/10/1986 01/25/1994
4. FEI Number Applied For
62-1216897 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fees Required
6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 the filer(s) NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME WILLIAMS, WILLIAM D.
STREET ADDRESS 1000 WESTMORELAND BLVD.
CITY - ST - ZIP KNOXVILLE TN 37919
TITLE VTA
NAME WILLIAMS, THOMAS L.
STREET ADDRESS RT 12 BOX 489-E
CITY - ST - ZIP CROSSVILLE TN 38555
TITLE S
NAME ROBERTS, EURETHA J.
STREET ADDRESS P.O. BOX 2737 N/A
CITY - ST - ZIP CROSSVILLE TN 38557
TITLE V
NAME RAMSEY, W. MICHAEL
STREET ADDRESS RT 14, BOX 630
CITY - ST - ZIP CROSSVILLE TN 38555
TITLE V
NAME GRAHAM, D MICHAEL
STREET ADDRESS 101 TOWERING PINE TRAIL
CITY - ST - ZIP CROSSVILLE TN 38555
TITLE V
NAME SMCox, MICHELE C
STREET ADDRESS RT. 12, B492
CITY - ST - ZIP CROSSVILLE TN 38555

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE V/A Change Addition
2.2 NAME 5000149055
2.3 STREET ADDRESS -05/17/95 -01041 -023
2.4 CITY - ST - ZIP *****225.00 *****225.00
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE V/T Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Michael Ramsey* Michael Ramsey, Treasurer 5/8/95 615-484-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)