

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10384 (6)**  
1. Corporation Name  
**PLATEAU INSURANCE COMPANY**



Principal Place of Business: **2501 NORTH MAIN STREET CROSSVILLE TN 38557-7001 US**  
Mailing Address: **P.O. BOX 7001 CROSSVILLE TN 38557-7001 US**

3. Date Incorporated or Qualified: **06/10/1986** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **62-1216897** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee 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

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

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 title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WILLIAM D.	
STREET ADDRESS	1000 WESTMORELAND BLVD.	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	V A	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS L.	
STREET ADDRESS	RT 12 BOX 489-E	
CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBERTS, EURETHA J.	
STREET ADDRESS	P.O. BOX 2737 N/A	
CITY-ST-ZIP	CROSSVILLE TN 38557	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RAMSEY, W. MICHAEL	
STREET ADDRESS	RT 14, BOX 630	
CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAHAM, D MICHAEL	
STREET ADDRESS	101 TOWERING PINE TRAIL	
CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIMCOX, 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed; name of signing officer or director) Date: **5-1-96** Daytime Phone #: \_\_\_\_\_

CR2E034 (12/95)