

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

FILED

**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/10/1986	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 62-1216897	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM D.	1.2 NAME	
STREET ADDRESS	1000 WESTMORELAND BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN 37919	1.4 CITY - ST - ZIP	
TITLE	V A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS L.	2.2 NAME	
STREET ADDRESS	RT 12 BOX 489-E	2.3 STREET ADDRESS	
CITY - ST - ZIP	CROSSVILLE TN 38555	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, EURETHA J.	3.2 NAME	
STREET ADDRESS	P.O. BOX 2737 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	CROSSVILLE TN 38557	3.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, W. MICHAEL	4.2 NAME	
STREET ADDRESS	RT 14, BOX 630	4.3 STREET ADDRESS	
CITY - ST - ZIP	CROSSVILLE TN 38555	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, D MICHAEL	5.2 NAME	
STREET ADDRESS	101 TOWERING PINE TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	CROSSVILLE TN 38555	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMCOX, MICHELE C	6.2 NAME	
STREET ADDRESS	RT. 12, B492	6.3 STREET ADDRESS	
CITY - ST - ZIP	CROSSVILLE TN 38555	6.4 CITY - ST - ZIP	

14. I do 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 included 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.

SIGNATURE: *Michael Ramsey* **4/1/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CP2E034 (9/96)