


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

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**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1986	
21	22	26	27	4. FEI Number 62-1216897	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM D.		1.2 NAME	MCGREGOR, JODI L.	
STREET ADDRESS	1000 WESTMORELAND BLVD.		1.3 STREET ADDRESS	232 RIDGEWOOD DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37919		1.4 CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	VA	<input type="checkbox"/> DELETE	2.1 TITLE	VA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS L.		2.2 NAME	WILLIAMS, THOMAS L.	
STREET ADDRESS	RT 12 BOX 489-E		2.3 STREET ADDRESS	28 PINEWAY	
CITY-ST-ZIP	CROSSVILLE TN 38555		2.4 CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, EURETHA J.		3.2 NAME	ROBERTS, EURETHA J.	
STREET ADDRESS	P.O. BOX 2737 N/A		3.3 STREET ADDRESS	ROUTE 2, BOX 147A	
CITY-ST-ZIP	CROSSVILLE TN 38557		3.4 CITY-ST-ZIP	BAXTER TN 38544	
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, W. MICHAEL		4.2 NAME	RAMSEY, W. MICHAEL	
STREET ADDRESS	RT 14, BOX 630		4.3 STREET ADDRESS	162 LITTLE JOHN LOOP	
CITY-ST-ZIP	CROSSVILLE TN 38555		4.4 CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, D MICHAEL		5.2 NAME	GRAHAM, D. MICHAEL	
STREET ADDRESS	101 TOWERING PINE TRAIL		5.3 STREET ADDRESS	39 GRAHAM CIRCLE	
CITY-ST-ZIP	CROSSVILLE TN 38555		5.4 CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMCOX, MICHELE C		6.2 NAME	SIMCOX, MICHELE C.	
STREET ADDRESS	RT. 12, B492		6.3 STREET ADDRESS	663 VILLAGEWAY	
CITY-ST-ZIP	CROSSVILLE TN 38555		6.4 CITY-ST-ZIP	CROSSVILLE TN 38555	

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.

SIGNATURE: *[Signature]* 2/25/98 (931) 484-8411

CR2E034 (10/97)