


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

05-49469

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90020 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10384
 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 21 2701 NORTH MAIN STREET Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 38555 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 06/10/1986	4. FEI Number 62-1216897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	80 SANDPIPER LOOP
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	251 JOE HENLEY ROAD
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	162 LITTLE JOHN LOOP
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	39 GRAHAM CIRCLE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	663 VILLAGE WAY
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Michael Ramsey **REQUIRED** 3-16-99 (931) 484-8411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)