

1.) CORPORATION NAME: <b>PLATEAU CASUALTY INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>5/31/2014</b>  SCC ID NO: <b>F1895962</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>TN</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2701 NORTH MAIN STREET

CITY/ST/ZIP: CROSSVILLE, TN 38555

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WILLIAM D WILLIAMS TITLE: PRESIDENT ADDRESS: 2701 N MAIN STREET CITY/ST/ZIP/CO: CROSSVILLE, TN 38557-7001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM MICHAEL RAMSEY TITLE: TREASURER ADDRESS: 2701 N MAIN STREET CITY/ST/ZIP/CO: CROSSVILLE, TN 38557-7001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: EURETHA J ROBERTS TITLE: SECRETARY ADDRESS: 2701 N MAIN STREET CITY/ST/ZIP/CO: CROSSVILLE, TN 38557-7001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID MICHAEL GRAHAM TITLE: DIRECTOR ADDRESS: 2701 N MAIN STREET CITY/ST/ZIP/CO: CROSSVILLE, TN 38557-7001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS L WILLIAMS TITLE: DIRECTOR ADDRESS: 2701 N MAIN STREET CITY/ST/ZIP/CO: CROSSVILLE, TN 38557-7001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WILLIAM D WILLIAMS	WILLIAM D WILLIAMS, PRESIDENT	3/12/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.