

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22735

Entity Name: PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION**Current Principal Place of Business:**1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481**Current Mailing Address:**1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481 US**FEI Number:** 56-1478865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST ROOM 101A
TALLAHASSEE, FL 32399-0305 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN OF THE BOARD
Name MCPARTLAND, PETER G
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR
Name WILLIAMS, MICHAEL J
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title SECRETARY
Name KOBUSSEN, KIP J
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title PRESIDENT
Name ANHALT, PETER G
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title TREASURER, DIRECTOR
Name SCHROEDER, TODD M
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR
Name MCDONALD, JAMES E.
Address 1800 NORTH POINT DRIVE
City-State-Zip: STEVENS POINT WI 54481

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD M. SCHROEDER**TREASURER****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date