

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847601 (2)

1. Corporation Name
PENINSULA PROPERTY AND CASUALTY COMPANY

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:37

Principal Place of Business Mailing Address
**1415 FOULK ROAD
SUITE 100
WILMINGTON DE 19803-2766** **1415 FOULK ROAD
SUITE 100
WILMINGTON DE 19803-2766**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/01/1980 **06/09/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2a**

State, Apt. #, etc. State, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number Applied For
56-0997452 Not Applicable

5. Certificate of Status Desired \$0.75 Additional
 Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 607.1506, 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

Signature of Florida corporation registered agent on this document

Signature of Registered Agent required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
NAME **SEIDEL, SAMUEL**
STREET ADDRESS **1415 FOULK ROAD**
CITY-ST-ZIP **WILMINGTON DE 19803-2766**

1.1 TITLE **Director** Change Addition
1.2 NAME
1.3 STREET ADDRESS **112 E. Market Street**
1.4 CITY-ST-ZIP **Salisbury, MD 21801**

TITLE **D**
NAME **ROTHMAN, JOSEPH**
STREET ADDRESS **1415 FOULK ROAD**
CITY-ST-ZIP **WILMINGTON DE 19803-2766**

2.1 TITLE ****** Delete ****** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **EGGE, RICHARD**
STREET ADDRESS **1415 FOULK ROAD**
CITY-ST-ZIP **WILMINGTON DE 19803-2766**

3.1 TITLE ****** Delete ****** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **Vice President, Secretary** Change Addition
4.2 NAME **Deanna Voss**
4.3 STREET ADDRESS **1415 Foulk Road, Suite 100**
4.4 CITY-ST-ZIP **Wilmington, DE 19803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **Chairman, CEO**
5.3 STREET ADDRESS **Robert Rothman**
5.4 CITY-ST-ZIP **100 N. Tampa Street, Suite 3600**
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME **SVP**
6.3 STREET ADDRESS **Charles L. Beale**
6.4 CITY-ST-ZIP **100 N. Tampa Street, Suite 3600**
Tampa, FL 33602

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information indicates the 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 in an attachment with an address.

SIGNATURE: *Deanna Voss* **Deanna Voss** **3/2/95** **(302) 477-5979**