

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000667 (2)**  
 1. Corporation Name  
**THE PENINSULA INSURANCE COMPANY**



Principal Place of Business <b>112 E MARKET ST SALISBURY MD 21803</b>	Mailing Address <b>112 E MARKET ST SALISBURY MD 21803</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip <b>25</b> Country	<b>29</b> Zip <b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>02/07/1997</b>	
<b>4.</b> FEI Number <b>52-6043587</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**INSURANCE COMMISSIONER**  
**CAPITOL**  
**TALLAHASSEE FL 32399-0300**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>SEIDEL, SAMUEL W</b>	
STREET ADDRESS	<b>112 E MARKET ST</b>	
CITY-ST-ZIP	<b>SALISBURY MD 21803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTHMAN, ROBERT</b>	
STREET ADDRESS	<b>100 N TAMPA ST #3800</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUCHANAN, KIM P</b>	
STREET ADDRESS	<b>100 N TAMPA ST #3800</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>CROUCHLEY, G ERIC III</b>	
STREET ADDRESS	<b>112 E MARKET ST</b>	
CITY-ST-ZIP	<b>SALISBURY MD 21803</b>	
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CROUCHLEY, G ERIC III</b>	
STREET ADDRESS	<b>112 E MARKET ST</b>	
CITY-ST-ZIP	<b>SALISBURY MD 21803</b>	
TITLE	<b>COOD</b>	<input type="checkbox"/> DELETE
NAME	<b>RYAN, WILLIAM K</b>	
STREET ADDRESS	<b>112 E MARKET ST</b>	
CITY-ST-ZIP	<b>SALISBURY MD 21803</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	
<b>13</b> STREET ADDRESS	
<b>14</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	<b>100 N. Tampa Street, Suite 3675</b>
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	<b>AS</b>
<b>3.3</b> STREET ADDRESS	<b>Deanna Voss</b>
<b>3.4</b> CITY-ST-ZIP	<b>1415 Fouik Road, Suite 205 Wilmington, DE</b>
<b>4.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	<b>P/CEO/D</b>
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2</b> NAME	<b>VPI/S</b>
<b>5.3</b> STREET ADDRESS	<b>Lois T. Morris</b>
<b>5.4</b> CITY-ST-ZIP	<b>112 E. Market Street Salisbury, MD 21803</b>
<b>6.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	<b>svP/coo/T/D</b>
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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.

SIGNATURE: *Deanna Voss* *Deanna Voss* *Wilmington* *302/477-6979*

CR2E034 (10/97)