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FILED  
May 12 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97000000667 (2)

1. Corporation Name

THE PENINSULA INSURANCE COMPANY

Principal Place of Business

112 E MARKET ST  
SALISBURY MD 21803

Mailing Address

112 E MARKET ST  
SALISBURY MD 21803



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

52-6043587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 607.1508, 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 if not applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME SEIDEL, SAMUEL W  
STREET ADDRESS 112 E MARKET ST  
CITY-ST-ZIP SALISBURY MD 21803

TITLE D  
NAME ROTHMAN, ROBERT  
STREET ADDRESS 100 N TAMPA ST #3800  
CITY-ST-ZIP TAMPA FL 33602

TITLE D  
NAME BUCHANAN, KIM P  
STREET ADDRESS 100 N TAMPA ST #3800  
CITY-ST-ZIP TAMPA FL 33602

TITLE DP  
NAME CROUCHLEY, G ERIC III  
STREET ADDRESS 112 E MARKET ST  
CITY-ST-ZIP SALISBURY MD 21803

TITLE CEO  
NAME CROUCHLEY, G ERIC III  
STREET ADDRESS 112 E MARKET ST  
CITY-ST-ZIP SALISBURY MD 21803

TITLE COO  
NAME RYAN, WILLIAM K  
STREET ADDRESS 112 E MARKET ST  
CITY-ST-ZIP SALISBURY MD 21803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: Deanna Voss, Deanna Voss, 4/24/98, 302/177-5979

CR2E034 (10/97)