

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90008 025 \*\*\*550.00

07/31/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000000667**

1. Corporation Name  
**THE PENINSULA INSURANCE COMPANY**

599113-90008-25 3 \*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 112 E MARKET ST  
 SALISBURY MD 21803

Mailing Address  
 112 E MARKET ST  
 SALISBURY MD 21803

3. Date Incorporated or Qualified  
**02/07/1997**

4. FEI Number  
**52-6043587**

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 the current year Intangible Personal Property.  Yes  No

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SEIDEL, SAMUEL W	
STREET ADDRESS	112 E MARKET ST	
CITY-ST-ZIP	SALISBURY MD 21803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTHMAN, ROBERT	
STREET ADDRESS	100 N TAMPA STREET SUITE #3675	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VOSS, DEANNA	
STREET ADDRESS	1415 FOULK ROAD SUITE #205	
CITY-ST-ZIP	WILMINGTON DE 33602	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CROUCHLEY, G ERIC III	
STREET ADDRESS	112 E MARKET ST	
CITY-ST-ZIP	SALISBURY MD 21803	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MORRIS, LOIS T	
STREET ADDRESS	112 E MARKET STREET	
CITY-ST-ZIP	SALISBURY MD 21803	
TITLE	VPTD	<input type="checkbox"/> DELETE
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: W. L. RYAN, PRES. & DIR. 7-26-99 (410) (219-3687)

CR2E034 (5/99)