

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000667

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

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90061 040 \*\*\*150.00

Principal Place of Business  
**112 E MARKET ST  
SALISBURY MD 21803**

Mailing Address  
**112 E MARKET ST  
SALISBURY MD 21803**

**C0031661**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>52-6043587</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	<b>FL</b>	Zip Code	

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDEL, SAMUEL W		NAME	SEIDEL, SAMUEL W.	
STREET ADDRESS	112 E MARKET ST		STREET ADDRESS	112 E. MARKET STREET	
CITY-ST-ZIP	SALISBURY MD 21803		CITY-ST-ZIP	SALISBURY, MD 21803	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHMAN, ROBERT		NAME	BARRETTE, RAYMOND	
STREET ADDRESS	100 N TAMPA STREET SUITE #3675		STREET ADDRESS	80 SOUTH MAIN STREET	
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP	HANOVER, NH 03755-2053	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOSS, DEANNA		NAME	BEAULIEU, DENNIS P.	
STREET ADDRESS	1415 FOULK ROAD SUITE #205		STREET ADDRESS	80 SOUTH MAIN STREET	
CITY-ST-ZIP	WILMINGTON DE 33602		CITY-ST-ZIP	HANOVER, NH 03755-2053	
TITLE	PCD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCHLEY, G ERIC III		NAME	CROUCHLEY, G. ERIC III	
STREET ADDRESS	112 E MARKET ST		STREET ADDRESS	112 E. MARKET STREET	
CITY-ST-ZIP	SALISBURY MD 21803		CITY-ST-ZIP	SALISBURY, MD 21803	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, LOIS T		NAME	DAVIS, MORGAN W.	
STREET ADDRESS	112 E MARKET STREET		STREET ADDRESS	80 SOUTH MAIN STREET	
CITY-ST-ZIP	SALISBURY MD 21803		CITY-ST-ZIP	HANOVER, NH 03755-2053	
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, WILLIAM K		NAME	REID TARLTON CAMPBELL	
STREET ADDRESS	112 E MARKET ST		STREET ADDRESS	80 SOUTH MAIN STREET	
CITY-ST-ZIP	SALISBURY MD 21803		CITY-ST-ZIP	HANOVER, NH 03755-2053	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. K. RYAN 2-28-01(410) 219-3687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)