

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90038 028 \*\*\*150.00

0820758 -AT

**DOCUMENT # F97000000667**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

**P. O. Box 108**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State  
 Salisbury, MD**

4. FEI Number

**52-6043587**

Applied For

Not Applicable

Zip

Country

**Zip  
 21803-0108**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL  
 TALLAHASSEE FL 32399-0300**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
 NAME **D.**  
 STREET ADDRESS **SEIDEL, SAMUEL W**  
 CITY-ST-ZIP **112 E MARKET ST  
 SALISBURY MD 21803**

TITLE ☐ Change ☒ Addition  
 NAME **DC**  
 STREET ADDRESS **Morgan W. Davis**  
 CITY-ST-ZIP **100 Via Los Altos  
 Tiburon, CA 94920**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **BARRETTE, RAYMOND**  
 CITY-ST-ZIP **80 SOUTH MAIN STREET  
 HANOVER NH 03755-2053**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Donald A. Emeigh**  
 CITY-ST-ZIP **17 Perrins Peak Road  
 Stony Point, NY 10980**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **BEAULIEU, DENNIS P**  
 CITY-ST-ZIP **80 SOUTH MAIN STREET  
 HANOVER NH 03755-2053**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Steven E. Fass**  
 CITY-ST-ZIP **10 Deputy Minister Drive  
 Colts Neck, NJ 07722**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **CROUCHLEY, ERIC III**  
 CITY-ST-ZIP **112 E MARKET ST  
 SALISBURY MD 21803**

TITLE ☐ Change ☒ Addition  
 NAME **VD**  
 STREET ADDRESS **Kenneth P. Kirchner**  
 CITY-ST-ZIP **27115 Patriot Drive  
 Salisbury, MD 21801**

TITLE ☐ Delete  
 NAME **VPS**  
 STREET ADDRESS **MORRIS, LOIS T**  
 CITY-ST-ZIP **112 E MARKET STREET  
 SALISBURY MD 21803**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **Eric W. Pippen**  
 CITY-ST-ZIP **1112 Ryden Court  
 Salisbury, MD 21804**

TITLE ☐ Delete  
 NAME **VPTD**  
 STREET ADDRESS **RYAN, WILLIAM K**  
 CITY-ST-ZIP **112 E MARKET ST  
 SALISBURY MD 21803**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Ronald C. Stanzaile**  
 CITY-ST-ZIP **206 Bamm Hollow Road  
 Middletown, NJ 07748**

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 line empowered.

SIGNATURE:

**(SIGNATURE REQUIRED) WILLIAM K. RYAN 2-26-02 (410) 219-3687**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)