

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90038 028 ***150.00

080768 AT

DOCUMENT # F97000000667
 1. Entity Name
THE PENINSULA INSURANCE COMPANY

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P. O. Box 108**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Salisbury, MD **Salisbury, MD** **52-6043587** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
21803-0108 **USA**



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 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 _____ (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. **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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEIDEL, SAMUEL W	
STREET ADDRESS	112 E MARKET ST	
CITY-ST-ZIP	SALISBURY MD 21803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRETTE, RAYMOND	
STREET ADDRESS	80 SOUTH MAIN STREET	
CITY-ST-ZIP	HANOVER NH 03755-2053	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAULIEU, DENNIS P	
STREET ADDRESS	80 SOUTH MAIN STREET	
CITY-ST-ZIP	HANOVER NH 03755-2053	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROUCHLEY, 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morgan W. Davis	
STREET ADDRESS	100 Via Los Altos	
CITY-ST-ZIP	Tiburon, CA 94920	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald A. Emeigh	
STREET ADDRESS	17 Perrins Peak Road	
CITY-ST-ZIP	Stony Point, NY 10980	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven E. Fass	
STREET ADDRESS	10 Deputy Minister Drive	
CITY-ST-ZIP	Colts Neck, NJ 07722	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth P. Kirchner	
STREET ADDRESS	27115 Patriot Drive	
CITY-ST-ZIP	Salisbury, MD 21801	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric W. Phippen	
STREET ADDRESS	1112 Ryden Court	
CITY-ST-ZIP	Salisbury, MD 21804	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald C. Stanzaile	
STREET ADDRESS	206 Bamm Hollow Road	
CITY-ST-ZIP	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 I am empowered.

SIGNATURE: (SIGNATURE REQUIRED) WILLIAM K. RYAN Date: 2-26-02 Daytime Phone #: (410) 219-3687

CR2E034 (9/01)