


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90327 011 \*\*\*150.00

DOCUMENT # <b>F97000000667</b>	
1. Entity Name <b>The Peninsula Insurance Company</b>	

**DO NOT WRITE IN THIS SPACE**

**66425356**

2. Principal Place of Business <b>112 E Market Street</b>		3. Mailing Address <b>P O Box 108</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Salisbury, MD</b>		City & State <b>Salisbury, MD</b>	
Zip <b>21803-0108</b>	Country <b>usa</b>	Zip <b>21803-0108</b>	Country <b>usa</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>52-6043587</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
7. Name and Address of Current Registered Agent		
Name <b>CHIEF FINANCIAL OFFICER OF FLORIDA</b>		
Street Address (P.O. Box Number is Not Acceptable)		
Capitol		
City <b>Tallahassee</b>	FL	Zip Code <b>32399-0300</b>

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DAVIS, MORGAN W 9841 WEXFORD CIRCLE GRANITE BAY, CA. 95746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMEIGH, DONALD A 17 PERRINS PEAK ROAD STONY POINT, NY 10980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASS, STEVEN E 10 DEPUTY MINISTER DRIVE COLTS' NECK, NJ 07722	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCHLEY, ERIC III 112 E MARKET STREET SALISBURY, MD 21803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRCHNER, KENNETH P 27115 PATRIOT DRIVE SALISBURY, MD 21801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD RYAN, WILLIAM K 112 E MARKET STREET SALISBURY, MD 21803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **William K. Ryan, Treas** 04/28/2004 410-742-5132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

UL425354

OFFICERS AND DIRECTORS CON'T

S  
SIMOWITZ, V. REBECCA  
RT. 1 BOX 489F  
DELMAR, DE 19940

VP  
PIPPEN, ERIC  
1101 CALEB'S WAY  
SALISBURY, MD 21804

VP  
REINSCH, DOUGLAS G.  
27504 TROTTERS RUN  
SALISBURY, MD 21801