

2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-27-2005 90306 041 ***150.00


F97000000667

FILED

05 MAY 17 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F97000000667					
1. Entity Name THE PENINSULA INSURANCE COMPANY					
Principal Place of Business 112 E MARKET ST SALISBURY, MD 21803			Mailing Address P. O. BOX 108 SALISBURY, MD 21803-010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-6043587	
21803-0108		21803-0108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHEIF FINANCIAL OFFICER OF FLORIDA P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MORGAN W		NAME	VERNA REBECCA SIMOWITZ	
STREET ADDRESS	9841 WEXFORD CIRCLE		STREET ADDRESS	36876 ROBINHOOD ROAD	
CITY-ST-ZIP	GRANITE BAY, CA 95748		CITY-ST-ZIP	DELMAR, DE 19940	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMEIGH, DONALD A		NAME	CYRIL JAMES GREENYA	
STREET ADDRESS	17 PERRINS PEAK ROAD		STREET ADDRESS	1195 RIVER ROAD, P.O. BOX 302	
CITY-ST-ZIP	STONY POINT, NY 10980		CITY-ST-ZIP	MARIETTA, PA 17547-0302	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FASS, STEVEN E		NAME	ERIC WISHART PIPPEN	
STREET ADDRESS	10 DEPUTY MINISTER DRIVE		STREET ADDRESS	112 EAST MARKET STREET	
CITY-ST-ZIP	COLTS NECK, NJ 07722		CITY-ST-ZIP	SALISBURY, MD 21803	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCHLEY, ERIC III		NAME		
STREET ADDRESS	112 E MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	SALISBURY, MD 21803		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHNER, KENNETH P		NAME		
STREET ADDRESS	27115 PATRIOT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SALISBURY, MD 21801		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, WILLIAM K		NAME		
STREET ADDRESS	112 E MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	SALISBURY, MD 21803		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Verna Rebecca Simowitz **VERNA REBECCA SIMOWITZ, SEC 4/21/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4-10-2005** Daytime Phone # **410-742-5132**

ATTACHMENT

F970000000667

40068760

Officers and directors continued

ADD

V.

Robert Gary Shenk
1195 River Road, P. O. Box 302
Marietta, Pa. 17547-0302

ADD

VD

Ralph George Spontak
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D

Robert Stevens Bolinger
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D

Frederick William Dreher, III
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D

Patricia Anne Gilmartin
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D

Phillip Hughes Glatfelter, II
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D

John Joseph Lyons
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D C

Donald Herbert Nikolaus
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D

Roy Richard Sherbahn
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302

ADD

D

Richard Durwood Wampler, II
1195 River Road, P. O. Box 302
Marietta, PA. 17547-0302