


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000000667**  
 1. Entity Name  
**THE PENINSULA INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
**112 E MARKET ST**                      **P. O. BOX 108**  
**SALISBURY, MD 21803**                      **SALISBURY, MD 21803-0108**

**DO NOT WRITE IN THIS SPACE**



02212007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**52-6043587**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHEIF FINANCIAL OFFICER OF FLORIDA**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SIMOWITZ, VERNA R
STREET ADDRESS	36876 ROBINHOOD ROAD
CITY-ST-ZIP	DELMAR, DE 19940
TITLE	V
NAME	GREENYA, CYRIL J
STREET ADDRESS	1195 RIVER ROAD, P.O. BOX 302
CITY-ST-ZIP	MARIETTA, PA 175470302
TITLE	V
NAME	PIPPEN, ERIC W
STREET ADDRESS	112 EAST MARKET STREET
CITY-ST-ZIP	SALISBURY, MD 21803
TITLE	PD
NAME	CROUCHLEY, ERIC III
STREET ADDRESS	112 E MARKET ST
CITY-ST-ZIP	SALISBURY, MD 21803
TITLE	V
NAME	KIRCHNER, KENNETH P
STREET ADDRESS	27115 PATRIOT DRIVE
CITY-ST-ZIP	SALISBURY, MD 21801
TITLE	VT
NAME	RYAN, WILLIAM K
STREET ADDRESS	112 E MARKET ST
CITY-ST-ZIP	SALISBURY, MD 21803

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 03/08/07-00009-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: V. Rebecca Simowitz    **V. REBECCA SIMOWITZ**    2/27/07    410-742    5132 X368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #