

**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
**112 E MARKET ST
SALISBURY, MD 21803**

Mailing Address
**P. O. BOX 108
SALISBURY, MD 21803-0108**



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-6043587

Applied For
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**

**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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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03/08/07-00009-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V. Rebecca Simowitz **V. REBECCA SIMOWITZ** 2/27/07 410-742 5132 X3684