

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90156 008 \*\*\*150.00

**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**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

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

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, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete  
NAME **DAVIS, MORGAN W**  
STREET ADDRESS **100 VIA LOS ALTOS**  
CITY-ST-ZIP **BELVEDERE TIBURON CA 94920**

TITLE **DC** ☒ Change ☐ Addition  
NAME **Morgan W. Davis**  
STREET ADDRESS **9841 Wexford Circle**  
CITY-ST-ZIP **Granite Bay, CA. 95746**

TITLE **D** ☐ Delete  
NAME **EMEIGH, DONALD A**  
STREET ADDRESS **17 PERRINS PEAK ROAD**  
CITY-ST-ZIP **STONY POINT NY 10980**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Kenneth P. Kirchner**  
STREET ADDRESS **27115 Patriot Drive**  
CITY-ST-ZIP **Salisbury, MD 21801**

TITLE **D** ☐ Delete  
NAME **FASS, STEVEN E**  
STREET ADDRESS **10 DEPUTY MINISTER DRIVE**  
CITY-ST-ZIP **COLTS NECK NJ 07722**

TITLE **VP** ☐ Change ☒ Addition  
NAME **SCOTT D. HARRIS**  
STREET ADDRESS **1811 CLEAR LAKE DR**  
CITY-ST-ZIP **SALISBURY, MD 21804**

TITLE **PD** ☐ Delete  
NAME **CROUCHLEY, ERIC III**  
STREET ADDRESS **112 E MARKET ST**  
CITY-ST-ZIP **SALISBURY MD 21803**

TITLE **S** ☐ Change ☒ Addition  
NAME **V. Rebecca Simowitz**  
STREET ADDRESS **Rt. 1 Box 489 F**  
CITY-ST-ZIP **Delmar, DE 19940**

TITLE **VPS** ☒ Delete  
NAME **MORRIS, LOIS T**  
STREET ADDRESS **112 E MARKET STREET**  
CITY-ST-ZIP **SALISBURY MD 21803**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Eric Phippen**  
STREET ADDRESS **1101 Caleb's Way**  
CITY-ST-ZIP **Salisbury, MD 21804**

TITLE **VPTD** ☐ Delete  
NAME **RYAN, WILLIAM K**  
STREET ADDRESS **112 E MARKET ST**  
CITY-ST-ZIP **SALISBURY MD 21803**

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED* **RYAN, TREF** 4-4-03 410 219-3687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)