

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90181 001 ***150.00

DOCUMENT # F98000006337

1. Corporation Name
MAINLAND INSURANCE COMPANY

Principal Place of Business
255 MAPLE AVE.
HARLEYSVILLE PA 19438

Mailing Address
255 MAPLE AVE.
HARLEYSVILLE PA 19438



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1998

4. FEI Number

23-2864924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

355 Maple Avenue

City & State

Zip

Country

25

Suite, Apt. #, etc.

355 Maple Avenue

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	BATEMAN, WALTER RAYMOND II	
STREET ADDRESS	5926 STOVER MILL ROAD	
CITY-ST-ZIP	DOYLESTOWN PA 18901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEEKLEY, ROGER JAY	
STREET ADDRESS	40 MAJOR ROAD	
CITY-ST-ZIP	ROYERSFORD PA 19468	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINS, MARK RALPH	
STREET ADDRESS	59 HUNSBERGER ROAD	
CITY-ST-ZIP	TELFORD PA 18969	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGEE, BRUCE JAMES	
STREET ADDRESS	2170 BUTTONWOOD ROAD	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRENIER, KEVIN NORMAND	
STREET ADDRESS	2575 COLD SPRING ROAD	
CITY-ST-ZIP	LANSDALE PA 19446	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, ROGER ALAN	
STREET ADDRESS	214 OAKWOOD ROAD	
CITY-ST-ZIP	WILMINGTON DE 19803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Jay Beekley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Jay Beekley

4/23/99

Date

(215) 256-5000

On/Time Phone #

CR2E034 (1/98)