

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90012 048 \*\*\*150.00

**DOCUMENT # F98000006337**

1. Entity Name

**MAINLAND INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**MAPLE AVENUE**  
**HARLEYSVILLE PA 19438****355 MAPLE AVENUE**  
**HARLEYSVILLE PA 19438-2222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**19438-2297**

4. FEI Number

**23-2864924**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)  
**Plaza Level 11 - The Capitol**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution.☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature of Roger J. Beekley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000

Date

(215) 256-5077

Daytime Phone #

CR2E034 (9/99)