

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000117806**

1. Entity Name

PENINSULAR LIFE INSURANCE COMPANY**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90037 050 ***150.00

0000945

Principal Place of Business	Mailing Address
600 COURTLAND STREET, STE 400 ORLANDO FL 32804-1352	600 COURTLAND STREET, STE 400 ORLANDO FL 32804-1352

935650

DO NOT WRITE IN THIS SPACE

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 59-0397210		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****KUSEV, J. PETER**
600 COURTLAND STREET, STE 400
ORLANDO FL 32804-1352

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete		TITLE	D/C	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARASCH, RICHARD A			NAME			
STREET ADDRESS	160 W 86TH STREET			STREET ADDRESS	6 International Dr, Ste 190		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	Rye Brook, NY 10573		
TITLE	D	<input type="checkbox"/> Delete		TITLE	P/D/CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRYANT, GARY W			NAME			
STREET ADDRESS	3364 OAKMONT TERRACE			STREET ADDRESS	600 Courtland St		
CITY-ST-ZIP	LONGWOOD FL 32779			CITY-ST-ZIP	Orlando, FL 32804		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/SVP/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, DONALD M			NAME			
STREET ADDRESS	402 WOLDUNN CIRCLE			STREET ADDRESS	600 Courtland St		
CITY-ST-ZIP	LAKE MARY FL 32746			CITY-ST-ZIP	Orlando, FL 32804		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/SVP/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUSEV, J. PETER			NAME			
STREET ADDRESS	192 VILLA DI ESTE TERRACE, #112			STREET ADDRESS	600 Courtland St		
CITY-ST-ZIP	LAKE MARY FL 32746			CITY-ST-ZIP	Orlando, FL 32804		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/SVP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAEGELEIN, ROBERT A			NAME			
STREET ADDRESS	28 STIRRUP TRAIL			STREET ADDRESS	6 International Dr, Ste 190		
CITY-ST-ZIP	PAWLING NY			CITY-ST-ZIP	Orlando, FL 32804		
TITLE		<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Liebman, Janice		
STREET ADDRESS				STREET ADDRESS	600 Courtland St		
CITY-ST-ZIP				CITY-ST-ZIP	Orlando, FL 32804		

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: **Janice Liebman, Asst. Secretary 3/12/01 407/623-1776, 8684**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (10/00)