

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000117806

1. Entity Name
PENINSULAR LIFE INSURANCE COMPANY



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

Mailing Address
**600 COURTLAND STREET, STE 400
ORLANDO, FL 32804-1352**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0397210

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE, FL 32302**

**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, 2004 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
**DC
BARASCH, RICHARD A
6 INTERNATIONAL DR, STE 190
RYE BROOK, NY 10573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDCE
BRYANT, GARY W
600 COURTLAND ST
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSVT
GRAY, DONALD M
600 COURTLAND ST
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSVS
COLLIFLOWER, MICHAEL A
600 COURT LAND ST.
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSV
WAEGELEIN, ROBERT A
6 INTERNATIONAL DR, STE 190
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BAKER, JANICE
600 COURTLAND ST
ORLANDO, FL 32804**

000000012664
01/26/04-80019-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Janice Baker, Asst Secretary 11/19/04 407-628-1776, 8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #