

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117806

FILED
Mar 01, 2007
Secretary of State

Entity Name: PENINSULAR LIFE INSURANCE COMPANY

Current Principal Place of Business:

1001 HEATHROW PARK LANE
LAKE MARY, FL 32746

New Principal Place of Business:

301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401

Current Mailing Address:

1001 HEATHROW PARK LANE
LAKE MARY, FL 32746

New Mailing Address:

90 NORTH MAIN STREET
WILKES-BARRE, PA 18711

FEI Number: 59-0397210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BARASCH, RICHARD A
Address: 6 INTERNATIONAL DR, STE 190
City-St-Zip: RYE BROOK, NY 10573

Title: PDCE () Delete
Name: BRYANT, GARY W
Address: 1001 HEATHROW PARK LANE STE 5001
City-St-Zip: LAKE MARY, FL 32746

Title: DSVT () Delete
Name: GRAY, DONALD M
Address: 1001 HEATHROW PARK LANE STE 5001
City-St-Zip: LAKE MARY, FL 32746

Title: DSV () Delete
Name: WAEGELEIN, ROBERT A
Address: 6 INTERNATIONAL DR., STE. 190
City-St-Zip: PORT CHESTER, NY 10573

Title: AS () Delete
Name: BAKER, JANICE
Address: 1001 HEATHROW PARK LANE STE 5001
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: CESARE, DENISE S
Address: 19 NORTH MAIN STREET
City-St-Zip: WIKES-BARRE, PA 18711

Title: C (X) Change () Addition
Name: MOSES, JOHN P
Address: 19 NORTH MAIN STREET
City-St-Zip: WIKES-BARRE, PA 18711

Title: V (X) Change () Addition
Name: REED, WILLIAM C
Address: 19 NORTH MAIN STREET
City-St-Zip: WIKES-BARRE, PA 18711

Title: V (X) Change () Addition
Name: KAMINSKAS, KAREN
Address: 19 NORTH MAIN STREET
City-St-Zip: WIKES-BARRE, PA 18711

Title: VT (X) Change () Addition
Name: SUCHOSKI, J. KENNETH
Address: 19 NORTH MAIN STREET
City-St-Zip: WIKES-BARRE, PA 18711

Title: VS () Change (X) Addition
Name: GOODLANDER, EDWIN R
Address: 19 NORTH MAIN STREET
City-St-Zip: WIKES-BARRE, PA 18711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN R. GOODLANDER

VS

03/01/2007

Electronic Signature of Signing Officer or Director

Date