

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90178 017 \*\*\*150.00

**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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-0397210**

Applied For  
Not Applicable

Zip Country

Zip Country

**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**

**KUSEV, J. PETER**  
**600 COURTLAND STREET, STE 400**  
**ORLANDO FL 32804-1352**

Name **Insurance Commissioner**  
Street Address (P.O. Box Number is Not Acceptable) **The Capital**  
City **Tallahassee** FL Zip Code **32302**

**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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DC** ☐ Delete  
NAME **BARASCH, RICHARD A**  
STREET ADDRESS **6 INTERNATIONAL DR, STE 190**  
CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DSVS** ☒ Delete  
NAME **KUSEV, J. PETER**  
STREET ADDRESS **600 COURTLAND ST**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D/SVP** ☐ Change ☒ Addition  
NAME **Michaell A. Galkflower**  
STREET ADDRESS **600 Courtland St**  
CITY-ST-ZIP **Orlando, FL 32804**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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** 3/21/03 407-628-1776, 8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)