FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:51

DOCUMENT # **P21216** **(7)**

1. Corporation Name
PENINSULAR LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1001 WADE AVENUE POST OFFICE BOX 10234 RALEIGH NC 27605	1001 WADE AVENUE POST OFFICE BOX 10234 RALEIGH NC 27605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25: USA
Zip — 29:
Country — 30: USA

4. FEI Number: 59-0397210 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
LARSON BUILDING
200 EAST GAINES ST.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVD		11 TITLE		☐ Change ☒ Addition
NAME	SILVERMAN, SCOTT D.	O.K.	12 NAME	NEW ALLAN D. Greenberg DIRECTOR	
STREET ADDRESS	1001 WADE AVENUE		13 STREET ADDRESS	1001 WADE AVENUE	
CITY-ST-ZIP	RALEIGH NC 27605		14 CITY-ST-ZIP	RALEIGH, NC 27605	
TITLE	VT		21 TITLE	PRESIDENT and Director	☐ Change ☒ Addition
NAME	BEHR, CHARLES W	O.K	22 NAME	NEW Jim L. Henson	
STREET ADDRESS	1001 WADE AVENUE		23 STREET ADDRESS	1001 Wade Avenue	
CITY-ST-ZIP	RALEIGH NC 27605		24 CITY-ST-ZIP	Raleigh, NC 27605	
TITLE	DCEO		31 TITLE		☐ Change ☒ Addition
NAME	MCCORMICK, WILLIAM M	O.K.	32 NAME	NEW Director Nicholas C. Keehbler	
STREET ADDRESS	1001 WADE AVENUE		33 STREET ADDRESS	1001 Wade Avenue	
CITY-ST-ZIP	RALEIGH NC 27605		34 CITY-ST-ZIP	Raleigh, NC 27605	
TITLE	D		41 TITLE		☐ Change ☐ Addition
NAME	STONE, DAVID J.	O.K.	42 NAME		
STREET ADDRESS	1001 WADE AVENUE		43 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27605		44 CITY-ST-ZIP		
TITLE	D		51 TITLE		☒ Change ☐ Addition
NAME	~~BRUCE, ROBERT J~~	→	52 NAME	Delete	
STREET ADDRESS	~~1001 WADE AVE.~~		53 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27605		54 CITY-ST-ZIP		
TITLE	PD		61 TITLE	Director and C.F.O.	☒ Change ☐ Addition
NAME	FICKES, STEVEN W	→	62 NAME		
STREET ADDRESS	1001 WADE AVE.		63 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27605		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-29-95 9A- 831-8076
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Scott D. SILVERMAN