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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22735** **(5)**

1. Corporation Name

PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION

Principal Place of Business	Mailing Address
100 INVERNESS TERR E ENGLEWOOD CO 80112 US	P O BOX 3329 ENGLEWOOD CA 80155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/26/1989**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21: **9800 S. Meridian Blvd.**
22: Suite, Apt. #, etc.
23: City & State: **Englewood, CO**
24: Zip: **80112**
25: County: **Douglas**

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **56-1478865** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 Section 607.340, and/or 608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida. Each 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	XX Change ☐ Addition
NAME	WARE, ROGER B	NAME	
STREET ADDRESS	100 INVERNESS TERR E	STREET ADDRESS	9800 S. Meridian Blvd.
CITY-ST-ZIP	ENGLEWOOD CO	CITY-ST-ZIP	
TITLE	S	TITLE	XX Change ☐ Addition
NAME	SILK, BEERLY A	NAME	Silk, Beverly A.
STREET ADDRESS	100 INVERNESS TERR E	STREET ADDRESS	9800 S. Meridian Blvd.
CITY-ST-ZIP	ENGLEWOOD CO	CITY-ST-ZIP	
TITLE	VTD	TITLE	XX Change ☐ Addition
NAME	PAUTLER, MICHAEL L	NAME	
STREET ADDRESS	100 INVERNESS TERR E	STREET ADDRESS	9800 S. Meridian Blvd.
CITY-ST-ZIP	ENGLEWOOD CO	CITY-ST-ZIP	
TITLE	VD	TITLE	XX Change ☐ Addition
NAME	MAES, ROBERT L	NAME	
STREET ADDRESS	100 INVERNESS TERR E	STREET ADDRESS	9800 S. Meridian Blvd.
CITY-ST-ZIP	ENGLEWOOD CO	CITY-ST-ZIP	
TITLE	VD	TITLE	XX Change ☐ Addition
NAME	REBERTS, FRED T	NAME	
STREET ADDRESS	100 INVERNESS TERR E	STREET ADDRESS	9800 S. Meridian Blvd.
CITY-ST-ZIP	ENGLEWOOD CA	CITY-ST-ZIP	
TITLE	VD	TITLE	V XX Change ☐ Addition
NAME	ROCK, RICHARD D	NAME	Billings, Robert N.
STREET ADDRESS	100 INVERNESS TERR E	STREET ADDRESS	9800 S. Meridian Blvd.
CITY-ST-ZIP	ENGLEWOOD CO	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate 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 correct 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: *Beverly A Silk* Beverly A. Silk, Secretary 4/25/95 (303)-754-8400

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — TELEPHONE NUMBER

0479110 FP