

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22735 (5)

1. Corporation Name

PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION



Principal Place of Business

Mailing Address

9800 S. MERIDIAN BLVD
ENGLEWOOD CO 80112
US

P O BOX 3329
ENGLEWOOD CA 80155
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/26/1989

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(Print) Registered Agent signature required when first filing up

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WARE, ROGER B
STREET ADDRESS 9800 S. MERIDIAN BLVD
CITY-ST-ZIP ENGLEWOOD CO

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME SILK, BEERLY A
STREET ADDRESS 9800 S. MERIDIAN BLVD
CITY-ST-ZIP ENGLEWOOD CO

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VTD ☐ DELETE

NAME PAUTLER, MICHAEL L
STREET ADDRESS 9800 S. MERIDIAN BLVD
CITY-ST-ZIP ENGLEWOOD CO

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE

NAME MAES, ROBERT L
STREET ADDRESS 9800 S. MERIDIAN BLVD
CITY-ST-ZIP ENGLEWOOD CO

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME REBERTS, FRED T
STREET ADDRESS 9800 S. MERIDIAN BLVD
CITY-ST-ZIP ENGLEWOOD CA

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME BILLINGS, ROBERT N
STREET ADDRESS 9800 S. MERIDIAN BLVD.
CITY-ST-ZIP ENGLEWOOD CO

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Beverly A. Silk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly A. Silk, Secretary 4/15/96 303-754-8400

CR2E034 (12/95)