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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
**9800 S. MERIDIAN BLVD
ENGLEWOOD CO 80112
US**

Mailing Address
**P O BOX 3329
ENGLEWOOD CA 80155
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1989	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1478865	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WARE, ROGER B 9800 S. MERIDIAN BLVD ENGLEWOOD CO	1.1 TITLE	PD POULIOT, JAMES R. 9800 S. MERIDIAN BLVD ENGLEWOOD CO
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	S SILK, BEVERLY A. 9800 S. MERIDIAN BLVD ENGLEWOOD CO	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD PAUTLER, MICHAEL L 9800 S. MERIDIAN BLVD ENGLEWOOD CO	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD MASTERA, ARTHUR J 9800 S. MERIDIAN BLVD ENGLEWOOD CO	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VD REBERTS, FRED T 9800 S. MERIDIAN BLVD ENGLEWOOD CA	5.1 TITLE	
NAME		5.2 NAME	ROBERTS, FRED T
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	V BILLINGS, ROBERT N 9800 S. MERIDIAN BLVD. ENGLEWOOD CO	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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, 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, 04/17/97 (303) 754-8400

Date

Daytime Phone #

0526181

CR2E034 (9/96)