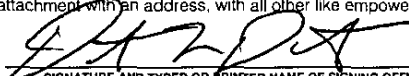


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90051 038 ***150.00

DOCUMENT # P22735 1. Entity Name PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION					
Principal Place of Business 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US			Mailing Address 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02192004 Chg-P CR2E034 (10/03)	
4. FEI Number 56-1478865				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MULREADY, STEPHEN M 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIGHE, JOHN ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF FISHER, JOSEPH. 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF CFO ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC CARLINO, CATHERINE A 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVENPORT, DAVID M. ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF MULREADY, STEPHEN 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PETTIGREW, LINDA Y. ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF MISTRETTA, JOSEPH J 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULLER, GWYN ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF LAWRENCE, LAURA S 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF GC ☒ Change ☐ Addition		
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: 		David M. Davenport		02/20/04	704-522-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	