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	Mailing Address
9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US	9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US

02192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DSVP FISHER, JOSEPH. 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP 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	DSVP 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	DSVP 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	DSVP LAWRENCE, LAURA S 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP 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 #