2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22735

Current Mailing Address:

STEVENS POINT, WI 54481

FILED Mar 07, 2011 Secretary of State

Entity Name: PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION

Current Principal Place of Business:

1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481 US

1800 NORTH POINT DRIVE

US

FEI Number: 56-1478865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER 200 E GAINES ST ROOM 101A TALLAHASSEE, FL 323990305 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

New Mailing Address:

OFFICERS AND DIRECTORS:

Title: CD

Name: SCHUH, DALE R

Address: 1800 NORTH POINT DRIVE City-St-Zip: STEVENS POINT, WI 54481 US

Title: F

Name: METZ, JOSEPH W

Address: 1800 NORTH POINT DRIVE City-St-Zip: STEVENS POINT, WI 54481

Title: V

Name: WILLIAMS, MICHAEL J Address: 1800 NORTH POINT DRIVE City-St-Zip: STEVENS POINT, WI 54481

Title: SD

 Name:
 O'REILLY, WILLIAM M

 Address:
 1800 NORTH POINT DRIVE

 City-St-Zip:
 STEVENS POINT, WI 54481

Title: TD

 Name:
 LOHR, WILLIAM J

 Address:
 1800 NORTH POINT DRIVE

 City-St-Zip:
 STEVENS POINT, WI 54481

Title:

 Name:
 WEISHAN, JAMES J

 Address:
 1800 NORTH POINT DRIVE

 City-St-Zip:
 STEVENS POINT, WI 54481

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J. LOHR TD 03/07/2011