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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **841556** **(4)**

1. Corporation Name

GUARANTEE INSURANCE COMPANY OF DELAWARE

Principal Place of Business	Mailing Address
2 MILL ROAD P.O.BOX 4679 WILMINGTON DE 19807	2 MILL ROAD P.O.BOX 4679 WILMINGTON DE 19807

3. Date Incorporated or Qualified: **10/02/1978**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **22-2222789** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE, FL MH 32304

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 607.1505, 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 (Required if this is a change of registered agent.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: HOLBROOK, WILLIAM G STREET ADDRESS: 7650 CONCESSION RD. #3 CITY-ST-ZIP: UXBRIDGE, ONTARIO	☐ DELETE	☐ Change ☐ Addition
TITLE: D NAME: TORRENS, ROBERT STREET ADDRESS: IBM TOWER, TORONTO DOMINION CENTER CITY-ST-ZIP: TORONTO ON	☐ DELETE	☐ Change ☐ Addition
TITLE: VSTD NAME: SCHURR, JAMES STREET ADDRESS: 38 MEADOWBROOK LANE CITY-ST-ZIP: NEWARK DE	☐ DELETE	PD ☒ Change ☐ Addition
TITLE: D NAME: CROFT, IAN STREET ADDRESS: 35 EDGE VALLEY DR. CITY-ST-ZIP: ISLINGTON, ONT.	☐ DELETE	☐ Change ☐ Addition
TITLE: D NAME: BROUGHTON, R W STREET ADDRESS: CEDARBROOK TRAIL R R 1 CITY-ST-ZIP: BROOKLIN, ONT 0	☐ DELETE	☐ Change ☐ Addition
TITLE: PD NAME: WREN, WILLIAM STREET ADDRESS: 1901 FIELD RD. CITY-ST-ZIP: WILMINGTON DE	☐ DELETE	D ☒ Change ☐ Addition BAISCH, WISTER S. 1100 SUMMNEYTOWN PIKE LANSDALE, PA 19446

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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 if changed, or I have attached a new officer/director with an address.

SIGNATURE: James R. Schurr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/22/96 Date — 302-594-4700 Daytime Phone Number

Guarantee Insurance Company
Attachment to Florida 1996 Annual Report

Item 12 - Officers & Directors:

TITLE	D
NAME	HARRISON, NIGEL R.
STREET ADDRESS	METRO CENTER, ONE STATION PLACE
CITY, ST - ZIP	STAMFORD, CT 06902