2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Elizabeth M. Tinck Scanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # F97000000779 1. Entity Name AIG WARRANTYGUARD, INC. 2008 APR 22 PM 4: 19 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 300 S RIVERSIDE PLAZA 70 PINE STREET STE 2100 30TH FLOOR CHICAGO, IL 60606-6613 NEW YORK, NY 10270 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04092008 Chg-P City & State City & State 4. FEI Number Applied For 13-3878133 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCOD P/Coo/Director TITLE Delete TITLE Change ☐ Addition FRANKEL, MATTHEW W NAME NAME 300 S RIVERSIDE PLAZA, STE. 2100 Ħ STREET ADDRESS STREET ADDRESS CHICAGO, IL 606066613 CITY - ST - 7IP CITY-ST-ZIP ı١ Delete TITLE TITLE ☐ Change ☐ Addition 500125130115 FABEL, MERRITT W NAME NAME 300 S RIVERSIDE PLAZA, STE. 2100 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHICAGO, IL 606066613 CITY-SI-ZIP Director/Treosurer Robert Scott Histories Schinek 175 Natur Street, 30th floor TITLE VPN Delete TITLE □ Change Addition X WARD, CHRISTOPHER NAME NAME STREET ADDRESS 300 S RIVERSIDE PLAZA, STE. 2100 STREET ADDRESS New York, NY 10038 CITY-ST-ZIP CHICAGO, IL 606066613 CITY - ST - ZIP Delete HILE VPD TITLE Change Addition WILLIS, MARK T NAME NAME STREET ADDRESS 300 S RIVERSIDE PLAZA, STE. 2100 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 606066613 CITY-ST-7IP TITLE ☐ Delete ☐ Change THIE NAME TUCK, ELIZABETH M STREET ADDRESS 300 S RIVERSIDE PLAZA, STE. 2100 STREET ADDRESS CHICAGO, IL 606066613 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE AS ☐ Delete TITLE ☐ Addition PELKA, DONALD NAME NAME STREET ADDRESS 300 S RIVERSIDE PLAZA, STE. 2100 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 606066613 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

alial hohor

217-770-7660

As of April 09, 2008

AIG WarrantyGuard, Inc.

Directors

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Fredrick D. Schaufeld

Director

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Primary Address

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Actuary

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RECEIVED

	370
ACCOUNT	NO.

072100000032

REFERENCE :

536263

AUTHORIZATION

COST LIMIT

ORDER DATE: April 20, 2008

ORDER TIME : 1:49 PM

ORDER NO. : 536263-055

CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME:

NEW HAMPSHIRE INDEMNITY COMPANY, INC. FL 2008 AR

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CONTACT PERSON: Matthew Young - Ext. 2962

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ACCOUNT NO. : 072100000032

REFERENCE : 533663 4320171

AUTHORIZATION : 4320171

COST LIMIT : \$ 150.00

ORDER DATE : April 20, 2008

ORDER TIME : 10:01 AM

ORDER NO. : 536263-035

CUSTOMER NO: 4320171

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CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS:

2008 AR

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT #840137 MPSHIRE INDEMNITY CO	MPANY, INC.				2008 A F	PR 22 Pi	H 4: 19		
13010 MORI SUITE 600	e of Business RIS ROAD A, GA 30004 US	Mailing Address 70 PINE ST. ATTN E M TUCK NEW YORK, NY 10276	o US				ETARY OF HASSEE.		II BIBIN BIRIK BIBI	T a n 18 k a n
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04092008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State	City & State			4. FEI Numbe 02-0227			<u> - </u>	plied For t Applicable
Zip Country		Zip	Coun	itry		5. Certificate	of Status Desire		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Ne	w Registered A	\gent	
CHIEF EIN	JANCIAL OFFICER			Name						}
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399				Street Ac	ddress (F	P.O. Box Numbe	r is Not Accept	abie)		
TALLADA	33EE, FL 32399			City	· · · · · · · · · · · · · · · · · · ·			FL	Zip Code	9
	a named entity submits this statement f tions of registered agent.	or the purpose of changing it	s registere	ed office or	registere	ad agent, or both	h, in the State o	f Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	and life if conficable (NO	IIE: Boostoro	od Apent signalu	ve required	when reinstating)		DATE		
		(10		o rigorii o grada	ze requires					
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10.	ay 1, 2008 Fee will be \$550. OFFICERS AND		_			ed to Fees	CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
			11. TITLE NAM STRE		Adde	ed to Fees	•	OFFICERS AND	DIRECTORS Change	S iN 11
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