2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000030208

Entity Name: GAI WARRANTY COMPANY OF FLORIDA

FILED Apr 11, 2003 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
580 WALNI CINCINNA	UT ST TI, OH 45202			580 WALNUT ST CINCINNATI, OH 45202 US		
Current Ma	ailing Addres	ss:	New Maili	New Mailing Address:		
580 WALNI CINCINNA	UT ST TI, OH 45202			ONE EAST FOURTH STREET, 8TH FL CINCINNATI, OH 45202 US		
FEI Number:	31-1765544	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State		submits this statement for the pur	pose of changing i	ts registerea oπ	lice or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agent			Date	
	npaign Financing	g Trust Fund Contribution(). TORS:	ADDITION	S/CHANGES T	O OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVPS () HORRELL, KAR 580 WALNUT S CINCINNATI, O	ST .	Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	D () JENSEN, KEITH 580 WALNUT S CINCINNATI, O	ST .	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	D () LARSON, DON, 580 WALNUT S CINCINNATI, O	ST .	Title: Name: Address: City-St-Zip:	() (Change()Addition	
Title: Name: Address: City-St-Zip:	AT () MISCHELL, THONE EAST FOL CINCINNATI, O	JRTH STREET	Title: Name: Address: City-St-Zip:	MISCHELL, THO	RTH STREET, 8TH FLOOR	
Title: Name: Address: City-St-Zip:	P () TERRY, THEOI 49 E FOURTH S CINCINNATI, O	STREET	Title: Name: Address: City-St-Zip:	P (X) 0 TERRY, II, THEO 49 E FOURTH S' CINCINNATI, OH	TREET	
Title: Name: Address: City-St-Zip:	VPAT () FELDKAMP, GI 49 E FOURTH S CINCINNATI, O	STREET	Title: Name: Address: City-St-Zip:	()(Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS E. MISCHELL AT 04/11/2003

FRED J. RUNK, AT ONE EAST FOURTH STREET CINCINNATI, OH 45202

RONALD C. HAYES, AVPAS 580 WALNUT STREET CINCINNATI, OH 45202

DAVID J. WITZGALL, VPT 580 WALNUT STREET CINCINNATI, OH 45202

EVE CUTLER ROSEN, VPAS 580 WALNUT STREET CINCINNATI, OH 45202

RENE E. HENDERSON, VP 580 WALNUT STREET CINCINNATI, OH 45202