## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030208

Entity Name: GAI WARRANTY COMPANY OF FLORIDA

**Current Principal Place of Business:** 

301 E. 4TH ST.

CINCINNATI. OH 45202

**Current Mailing Address:** 

301 E. 4TH ST 15TH FLOOR

CINCINNATI. OH 45202 US

FEI Number: 31-1765544 Certificate of Status Desired: No

Name and Address of Current 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 of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 20, 2019

**Secretary of State** 

5385352217CC

Officer/Director Detail:

DVPT Title Title

Name VILLEGAS, VICTOR G Name WITZGALL, DAVID J Address 301 E 4TH STREET Address 301 E 4TH STREET City-State-Zip: CINCINNATI OH 45202

CINCINNATI OH 45202 City-State-Zip:

Title AT Title

Name ZBACNIK, ROBERT J PIERCE, MICHAEL D Name Address 301 E 4TH STREET 1450 AMERICAN LANE Address City-State-Zip: CINCINNATI OH 45202 SCHAUMBURG IL 60173 City-State-Zip:

Title Title PAT

Name ERHART, SUE A. FELDKAMP, GERARD E Name Address 301 E 4TH STREET Address 301 E 4TH STREET City-State-Zip: CINCINNATI OH 45202 City-State-Zip: CINCINNATI OH 45202

Title SVP Title ΑT

Name SINNARD, PATRICK J Name BAIRD, H. KIM

Address 301 E. 4TH ST. Address 301 E 4TH STREET

City-State-Zip: CINCINNATI OH 45202 City-State-Zip: CINCINNATI OH 45202

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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: ROBERT J ZBACNIK

ASSISTANT TREASURER

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued :

Title D

Name STOIK, LLOYD J. Address 301 E. 4TH ST

City-State-Zip: CINCINNATI OH 45202