

**2016 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**Officer/Director Detail :**Title VP  
Name VILLEGAS, VICTOR G  
Address 301 E 4TH STREET  
City-State-Zip: CINCINNATI OH 45202Title D  
Name LARSON, DONALD D  
Address 301 E 4TH STREET  
City-State-Zip: CINCINNATI OH 45202Title PAT  
Name FELDKAMP, GERARD E  
Address 301 E 4TH STREET  
City-State-Zip: CINCINNATI OH 45202Title AT  
Name BAIRD, H. KIM  
Address 301 E 4TH STREET  
City-State-Zip: CINCINNATI OH 45202Title DVPT  
Name WITZGALL, DAVID J  
Address 301 E 4TH STREET  
City-State-Zip: CINCINNATI OH 45202Title AT  
Name ZBACNIK, ROBERT J  
Address 301 E 4TH STREET  
City-State-Zip: CINCINNATI OH 45202Title DVPS  
Name ROSEN, EVE C  
Address 301 E 4TH STREET  
City-State-Zip: CINCINNATI OH 45202Title SVP  
Name SINNARD, PATRICK J  
Address 301 E. 4TH ST.  
City-State-Zip: CINCINNATI OH 45202

*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** 03/23/2016\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date