

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000077727

Entity Name: PREFERRED WARRANTIES OF FLORIDA, INC.**Current Principal Place of Business:**200 PINEBROOK PLACE
ORWIGSBURG, PA 17961-0278**Current Mailing Address:**PO BOX 278
ORWIGSBURG, PA 17961-0278 US**FEI Number:** 47-1081761**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT
Name FIELD, EDMUND GRAHAM
Address 11299 N. ILLINOIS ST.
City-State-Zip: CARMEL IN 46032

Title DIRECTOR
Name GOTTWALD, DONALD S
Address 11299 N. ILLINOIS ST.
City-State-Zip: CARMEL IN 46032

Title DIRECTOR
Name MONEY, JAMES E II
Address 11299 N. ILLINOIS ST.
City-State-Zip: CARMEL IN 46032

Title CFO
Name MONEY, JAMES E II
Address 11299 N. ILLINOIS ST.
City-State-Zip: CARMEL IN 46032

Title SECRETARY
Name NELSON, MARK R
Address 11299 N. ILLINOIS ST.
City-State-Zip: CARMEL IN 46032

Title EXECUTIVE VICE PRESIDENT
Name LOUGHMILLER, ERIC M
Address 11299 N. ILLINOIS ST.
City-State-Zip: CARMEL IN 46032

Title TREASURER
Name WIRGES, AMY
Address 11299 N. ILLINOIS ST.
City-State-Zip: CARMEL IN 46032

Title SENIOR VICE PRESIDENT,
 OPERATIONS
Name FAUST, LEON ROBERT JR.
Address 200 PINEBROOK PLACE
 PO BOX 278
City-State-Zip: ORWIGSBURG PA 17961-0278

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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: EDMUND GRAHAM FIELD**PRESIDENT****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SENIOR VICE PRESIDENT OF RISK
Name	KRAMARZ, PAUL CLARK
Address	11299 N. ILLINOIS ST.
City-State-Zip:	CARMEL IN 46032