


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|------------------------------------|---|--|
| DOCUMENT # 841556 (4) 1. Corporation Name GUARANTEE INSURANCE COMPANY OF DELAWARE | | | |
| Principal Place of Business 2 MILL ROAD P.O. BOX 4879 WILMINGTON DE 19807 | | Mailing Address 2 MILL ROAD P.O. BOX 4879 WILMINGTON DE 19807 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28 | |
| 9. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE, FL MH 32304 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | HOLBROOK, WILLIAM G | | |
| STREET ADDRESS | 7650 CONCESSION RD. #3 | | |
| CITY - ST - ZIP | UXBRIDGE, ONTARIO | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | TORRENS, ROBERT | | |
| STREET ADDRESS | IBM TOWER, TORONTO DOMINION CENTER | | |
| CITY - ST - ZIP | TORONTO ON | | |
| TITLE | PD | <input type="checkbox"/> DELETE | |
| NAME | SCHURR, JAMES | | |
| STREET ADDRESS | 38 MEADOWBROOK LANE | | |
| CITY - ST - ZIP | NEWARK DE | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | CROFT, IAN | | |
| STREET ADDRESS | 35 EDGE VALLEY DR. | | |
| CITY - ST - ZIP | ISLINGTON, ONT. | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | BROUGHTON, R W | | |
| STREET ADDRESS | CEDARBROOK TRAIL R R 1 | | |
| CITY - ST - ZIP | BROOKLIN, ONT O | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | |
| NAME | WREN, WILLIAM | | |
| STREET ADDRESS | 1901 FIELD RD. | | |
| CITY - ST - ZIP | WILMINGTON DE | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY - ST - ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified 10/02/1978 | 3a. Date of Last Report 02/28/1996 |
| 4. FEI Number 22-2222789 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James P. Schurr* JAMES P. SCHURR 7/22/97 302 FOX 11700

CR2E034 (4/97)

Guarantee Insurance Company
Attachment to Florida 1997 Annual Report

Item 12 - Officer and Directors

| | |
|----------------|---------------------------------|
| TITLE | D |
| NAME | HARRISON, NIGEL R. |
| STREET ADDRESS | METRO CENTER, ONE STATION PLACE |
| CITY, ST - ZIP | STAMFORD, CT 06902 |

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | BAISCH, WISTER S. |
| STREET ADDRESS | 120 LONGVIEW ROAD |
| CITY, ST - ZIP | PERKASIE, PA 18944 |

| | |
|----------------|---------------------|
| TITLE | S |
| NAME | SETZ, IRENE |
| STREET ADDRESS | 208 TREE TOP LANE |
| CITY, ST - ZIP | HOCKESSIN, DE 19707 |

| | |
|----------------|----------------------|
| TITLE | T |
| NAME | TINSMAN, LOIS E. |
| STREET ADDRESS | 203 PRESTWICK LANE |
| CITY, ST - ZIP | NEW CASTLE, DE 19720 |