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Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 4679
WILMINGTON DE 19807

Mailing Address

2 MILL ROAD
P.O. BOX 4679
WILMINGTON DE 19807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1978

4. FEI Number

22-2222789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HOLBROOK, WILLIAM G
STREET ADDRESS 7650 CONCESSION RD. #3
CITY-ST-ZIP UXBRIDGE, ONTARIO

TITLE D ☐ DELETE
NAME TORRENS, ROBERT
STREET ADDRESS IBM TOWER, TORONTO DOMINION CENTER
CITY-ST-ZIP TORONTO ON

TITLE PD ☐ DELETE
NAME SCHURR, JAMES
STREET ADDRESS 38 MEADOWBROOK LANE
CITY-ST-ZIP NEWARK DE

TITLE D ☐ DELETE
NAME CROFT, IAN
STREET ADDRESS 35 EDGE VALLEY DR.
CITY-ST-ZIP ISLINGTON, ONT.

TITLE D ☐ DELETE
NAME BROUGHTON, R W
STREET ADDRESS CEDARBROOK TRAIL R R 1
CITY-ST-ZIP BROOKLIN, ONT O

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 or 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 R. Schurr

JAMES R. SCHURR 2/12/98 302.594.1700

CR2E034 (10/97)

Guarantee Insurance Company
Attachment to Florida 1998 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