

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90129 003 \*\*\*150.00

**DOCUMENT # 841556**

1. Entity Name

**GUARANTEE INSURANCE COMPANY OF DELAWARE**

Principal Place of Business

**650 NAAMANS ROAD  
STE 301  
CLAYMONT DE 19703  
US**

Mailing Address

**650 NAAMANS ROAD  
STE 301  
CLAYMONT DE 19703  
US**

2. Principal Place of Business

**650 Naamans Road**

Suite, Apt. #, etc.

**Suite 307**

City & State

**Claymont, DE**

Zip

**19703**

Country

**USA**

3. Mailing Address

**650 Naamans Road**

Suite, Apt. #, etc.

**Suite 307**

City & State

**Claymont, DE**

Zip

**19703**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2222789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HOLBROOK, WILLIAM G</b>	
STREET ADDRESS	<b>7650 CONCESSION RD. #3</b>	
CITY-ST-ZIP	<b>UXBRIDGE, ONTARIO</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>TORRENS, ROBERT</b>	
STREET ADDRESS	<b>IBM TOWER, TORONTO DOMINION CENTER</b>	
CITY-ST-ZIP	<b>TORONTO ON</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SCHURR, JAMES</b>	
STREET ADDRESS	<b>650 NAAMANS ROAD STE 301</b>	
CITY-ST-ZIP	<b>CLAYMONT DE 19703</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CROFT, IAN</b>	
STREET ADDRESS	<b>35 EDGE VALLEY DR.</b>	
CITY-ST-ZIP	<b>ISLINGTON, ONT.</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROUGHTON, R W</b>	
STREET ADDRESS	<b>CEDARBROOK TRAIL R R 1</b>	
CITY-ST-ZIP	<b>BROOKLIN, ONT O</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WISTER S. BAISCH</b>	
STREET ADDRESS	<b>120 LONGVIEW ROAD</b>	
CITY-ST-ZIP	<b>PERKASIE, PA 18944</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRENS, ROBERT</b>	
STREET ADDRESS	<b>49 DONWOODS DRIVE</b>	
CITY-ST-ZIP	<b>TORONTO, ONTARIO</b>	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHURR, JAMES</b>	
STREET ADDRESS	<b>650 NAAMANS ROAD, SUITE 307</b>	
CITY-ST-ZIP	<b>CLAYMONT, DE 19703</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID HULLAND</b>	
STREET ADDRESS	<b>METRO CENTER, ONE STATION PLACE</b>	
CITY-ST-ZIP	<b>STAMFORD, CT 06902</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James R. Schurr**

Date

Daytime Phone #

**302-792-1444**

CR2E034 (10/00)