## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#841556**

Entity Name: GUARANTEE INSURANCE COMPANY

FILED Jun 15, 2004 Secretary of State

Current Principal Place of Business:			New Princ	ipal Place of Business:	
SUITE 140		CENTER DRIVE			
FORT MILL	, SC 29715	US			
Current Mailing Address:			New Maili	New Mailing Address:	
SUITE 140		CENTER DRIVE			
	, SC 29715	US			
FEI Number:	22-2222789	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () HOLBROOK, WI 7650 CONCESS UXBRIDGE, ON	ION RD. #3	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MARIANO, STEVEN M 5212 FISHER ISALAND DRIVE MIAMI, FL 33109 US	
Title: Name: Address: City-St-Zip:	D () TORRENS, ROE 49 DONWOODS TORONTO, ON		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition TOMPKINS, LUCIA A 1061 521 CORPORATE CENTER DRIVE, STE. 140 FORT MILL, SC 29715 US	
Title: Name: Address: City-St-Zip:	PD () SCHURR, JAME 650 NAAMANS F CLAYMONT, DE	RD. STE 307	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition LEACHMAN HIRSCH, LISA 1061 521 CORPORATE CENTER DRIVE, STE.140 FORT MILL, SC 29715 US	
Title: Name: Address: City-St-Zip:	D () CROFT, IAN, 35 EDGE VALLE ISLINGTON, ON	EY DR.	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition COOK, STEPHEN B 1061 521 CORPORATE CENTER DRIVE, STE. 140 FORT MILL, SC 29715 US	
Title: Name: Address: City-St-Zip:	D () BROUGHTON, F CEDARBROOK BROOKLIN, ON	TRAIL R R 1	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DEL PIZZO, JOHN R 44 EAST LANCASTER AVENUE, STE. 200 ARDMORE, PA 19003 US	
Title: Name: Address: Citv-St-Zip:	D (X) BAISCH, WISTE 120 LONGVIEW PERKASIE, PA	RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN B. COOK TD 06/15/2004