


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90069 020 ***150.00

DOCUMENT # 841556
 1. Entity Name
GUARANTEE INSURANCE COMPANY



Principal Place of Business Mailing Address
 1061 521 CORPORATE CENTER DRIVE 1061 521 CORPORATE CENTER DRIVE
 SUITE 140 SUITE 140
 FORT MILL, SC 29715 US FORT MILL, SC 29715 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



4. FEI Number Applied For
22-2222789 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARIANO, STEVEN M 5212 FISHER ISLAND DRIVE MIAMI, FL 33109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/C MARIANO, STEVEN M. 401 E. LAS OLAS BLVD., STE. 1540 FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOMPKINS, LUCIA A 1061 521 CORPORATE CENTER DRIVE, STE. 140 FORT MILL, SC 29715 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D HALTER PALL V.H. 1061 521 CORP. CTR. DR., STE. 140 FORT MILL, SC 29715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEACHMAN BARRETT, LISA 1061 521 CORPORATE CENTER DRIVE, STE. 140 FORT MILL, SC 29715 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CASHION, MARVIN J 401 E. LAS OLAS BLVD., STE. 1540 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT GRANT, SCOTT H 1061 521 CORPORATE CENTER DRIVE, STE. 140 FORT MILL, SC 29715 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHICK, JR., JAMES P. 1061 521 CORP. CTR. DR., STE. 140 FORT MILL, SC 29715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEL PIZZO, JOHN R 90 SOUTH NEWTOWN STREET ROAD, STE. 3 NEWTOWN SQUARE, PA 19073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEEGHLY, STEVEN M. 999 THIRD AVE., STE. 3700 SEATTLE, WA 98104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARZIANO, FRED G 208 SECOND AVENUE BELMAR, NJ 07719 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:  01/26/06 803-396-5230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paul V.H. Halter, President