

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004133

FILED
Jul 21, 2009
Secretary of State

Entity Name: GUARANTY CALIFORNIA INSURANCE SERVICES INC.

Current Principal Place of Business:

445 S FIGUEROA ST
36TH FLOOR
LOS ANGELES, CA 90071

New Principal Place of Business:

Current Mailing Address:

445 S FIGUEROA ST
36TH FLOOR
LOS ANGELES, CA 90071

New Mailing Address:

2301 W PLANO PKWY
SUITE 108
PLANO, TX 75075

FEI Number: 74-3015339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SHULTS, HAROLD L JR.
Address: 1300 S MOPAC EXPRESSWAY
City-St-Zip: AUSTIN, TX 78746

Title: D () Delete
Name: BREAU, VON E
Address: 1300 S MOPAC EXPRESSWAY
City-St-Zip: AUSTIN, TX 78746

Title: P (X) Delete
Name: ECONN, GREGORY W
Address: 445 S FIGUEROA ST, 36TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: EVP (X) Delete
Name: BREAU, VON E
Address: 1300 S MOPAC EXPRESSWAY
City-St-Zip: AUSTIN, TX 78746

Title: S (X) Delete
Name: ALMY, SCOTT
Address: 1300 S MOPAC EXPRESSWAY
City-St-Zip: AUSTIN, TX 78746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP (X) Change () Addition
Name: ECONN, GREGORY W
Address: 445 S FIGUEROA ST, 36TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: EVP (X) Change () Addition
Name: BURCHAM, RONALD D
Address: 8500 STOCKDALE HWY, SUITE 200
City-St-Zip: BAKERSFIELD, CA 93311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREGORY ECONN

EVP

07/21/2009

Electronic Signature of Signing Officer or Director

Date