2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# F96000005279

Entity Name: THE GUARANTEE COMPANY OF NORTH AMERICA USA

Current Principal Place of Business:

1000 TOWN CENTER
STE 1800
SOUTHFIELD, MI 48075

New Principal Place of Business:

Current Mailing Address:

1000 TOWN CENTER
STE 1800
SOUTHFIELD, MI 48075

New Mailing Address:

FEI Number: 38-2907623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: DEMPSEY, ROBERT A
Address: 4950 YONGE STREET STE 1400
City-St-Zip: TORONTO, ONT, CN M2N 6K1

Title: DV (X) Delete
Name: ANDERSON, LARS M
Address: 8000 MIDLANTIC DRIVE STE 410N
City-St-Zip: MT. LAUREL, NJ 08054

Title: TD ( ) Delete
Name: SCHRAUBEN, SARA J
Address: 1000 TOWN CENTER STE 1800
City-St-Zip: SOUTHFIELD, MI 48075

Title: PD ( ) Delete
Name: QUENNEVILLE, JULES
Address: 4950 YONGE STREET STE 1400
City-St-Zip: TORONTO, ONT, CN M2N 6K1

Title: S ( ) Delete
Name: MUSSLEMAN, RANDALL L
Address: 4950 YONGE STREET STE 1400
City-St-Zip: TORONTO, ONT, CN M2N 6K1

Title: D ( ) Delete
Name: COWAN, PATRICK
Address: 4950 YONGE ST SUITE 1400
City-St-Zip: TORONTO, ONTARIO, CN M2N 6K1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: SARA J SCHRAUBEN TD 03/21/2006

Electronic Signature of Signing Officer or Director — Date