

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 11, 1996 08:00 AM  
Secretary of State

DOCUMENT # **H74745** (1)  
1. Corporation Name  
**UNDERWRITERS GUARANTEE INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**8300 W FLAGLER STREET SUITE #250** **8300 W FLAGLER STREET SUITE #250**  
**MIAMI FL 33144** **MIAMI FL 33144**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified **09/06/1985** 3a. Date of Last Report **04/26/1995**  
4. FEI Number **59-2581466** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation (the registered agent's signature required when registered)

DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **PD RICCIARDELLI, JOHN L.**  
STREET ADDRESS **11420 N. BAYSHORE DR.**  
CITY-ST-ZIP **NORTH MIAMI FL**  
TITLE ☐ DELETE  
NAME **VD BORGES, DENICE**  
STREET ADDRESS **6524 S.W. 24TH STREET**  
CITY-ST-ZIP **MIRAMAR FL**  
TITLE ☐ DELETE  
NAME **STD RICCIARDELLI, DEBBIE W.**  
STREET ADDRESS **11420 N. BAYSHORE DR.**  
CITY-ST-ZIP **NORTH MIAMI FL**  
TITLE ☐ DELETE  
NAME **D APPLER, DAVE**  
STREET ADDRESS **6450 S.W. 144TH STREET**  
CITY-ST-ZIP **MIAMI FL**  
TITLE ☐ DELETE  
NAME **D RICCIARDELLI, RIKKI**  
STREET ADDRESS **11420 N. BAYSHORE DR**  
CITY-ST-ZIP **NORTH MIAMI FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 226-0000  
4/11/96

CR2E034 (12/95)