


2006 FOR PROFIT CORPORATION ANNUAL REPORT

192

DOCUMENT #H74745

1. Entity Name
UNDERWRITERS GUARANTEE INSURANCE COMPANY



FILED

06 APR -7 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8420 NW 52 ST., #201
MIAMI, FL 33166

Mailing Address
PO BOX 110
TALLAHASSEE, FL 32302

2. Principal Place of Business
3000 West Cypress Creek Rd.

3. Mailing Address
3000 West Cypress Creek Rd.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33309

Country
US



03302006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2581466

Applied For
☐ 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
Matthew T. Jones

Street Address (P.O. Box Number is Not Acceptable)
3000 West Cypress Creek Rd.

City
Fort Lauderdale

State
FL

Zip Code
33309

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 *Matthew T. Jones* **Matthew T. Jones** **3/31/06**

(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**

600073902346
05/03/06--01030--030 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC GALLAGHER, TOM CFO P O BOX 110, FLDPS DIVISION OF REHAB AND L TALLAHASSEE, FL 32302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Morseman, Philipe 3000 West Cypress Creek Rd. Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stephenson, Mark 3000 West Cypress Creek Rd. Fort Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nichols, Neal 3251 Washington Blvd. Arlington VA 22201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUPD Spruce, William D 3000 West Cypress Creek Rd. Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUPD, T.CFO Gardner, Deborah S 3000 West Cypress Creek Rd. Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPS Jones, Matthew T 3000 West Cypress Creek Rd. Fort Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 with all other like empowered.

SIGNATURE: *Matthew T. Jones* **Matthew T. Jones** **3/31/06** **954 7936565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

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UNDERWRITERS GUARNANTEE INSURANCE COMPANY
ADDITIONAL DIRECTORS AND OFFICERS:

Title: VP
Name: Joseph A. Matteis
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: VP
Name: Marilyn Peterson
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: VP
Name: Paul Chabarek
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: VP
Name: Nicole Boodram
Street Address: 3000 W. Cypress Creek Rd.
City-St-Zip: Ft. Lauderdale, Florida 33309