2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P01000030208

Entity Name: GAI WARRANTY COMPANY OF FLORIDA

Current Principal Place of Business:

580 WALNUT ST
CINCINNATI, OH 45202 US

New Principal Place of Business:

Current Mailing Address:

580 WALNUT STREET
CINCINNATI, OH 45202 US

New Mailing Address:

FEI Number: 31-1765544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:	DVPS	( ) Delete
Name:	HORRELL, KAREN H DVPS	
Address:	580 WALNUT ST	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	D	( ) Delete
Name:	JENSEN, KEITH A D	
Address:	580 WALNUT ST	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	D	( ) Delete
Name:	LARSON, DONALD D D	
Address:	580 WALNUT ST	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	AT	( ) Delete
Name:	MISCHELL, THOMAS E AT	
Address:	ONE EAST FOURTH STREET, 8TH FLOOR	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	P	( ) Delete
Name:	TERRY, II, THEODORE L P	
Address:	49 E FOURTH STREET	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	VPT	( ) Delete
Name:	WITZGALL, DAVID J VPT	
Address:	580 WALNUT STREET	
City-St-Zip:	CINCINNATI, OH 45202	

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:	P	(X) Change ( ) Addition
Name:	MALY, ROBERT E P	
Address:	49 E FOURTH STREET	
City-St-Zip:	CINCINNATI, OH 45202	
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: THOMAS E MISCHELL AT 04/12/2007

Electronic Signature of Signing Officer or Director — Date