

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002137

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: GUARANTEE INSURANCE COMPANY

## Current Principal Place of Business:

401 E LAS OLAS BLVD  
STE 1540  
FT LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

401 E LAS OLAS BLVD  
STE 1540  
FT LAUDERDALE, FL 33301

## New Mailing Address:

FEI Number: 22-2222789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICES OF THE STATE OF FL  
200 E GAINES ST  
P O BOX 6200  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICES OF THE STATE OF FL  
200 E GAINES ST  
TALLAHASSEE, FL 32399 US

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:

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MARIANO, STEVEN M  
Address: 5212 FISHER ISLAND DR  
City-St-Zip: MIAMI, FL 33109

Title: D ( ) Delete  
Name: BEEGHLY, STEVEN M  
Address: 6311 SE 27TH ST  
City-St-Zip: MERCER ISLAND, WA 98104

Title: D ( ) Delete  
Name: DEL PIZZO, JOHNEN R  
Address: 832 PADDOCK DR  
City-St-Zip: NEWTON SQUARE, PA 19073

Title: D ( ) Delete  
Name: HALTERZZO, PAUL V.H. III  
Address: 4312 STOURTON LN  
City-St-Zip: CHARLOTTE, NC 28226

Title: D ( ) Delete  
Name: MARZIANOO, FRED G  
Address: 208 SECOND AVE  
City-St-Zip: BELMAR, NJ 07719

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition  
Name: MARIANO, STEVEN M  
Address: 5212 FISHER ISLAND DR  
City-St-Zip: MIAMI, FL 33109

Title: S, D (X) Change ( ) Addition  
Name: BRYANT, THEODORE G  
Address: 2273 CORDOBA BEND  
City-St-Zip: WESTON, FL 33327

Title: T, D (X) Change ( ) Addition  
Name: MASOTTI, MICHELLE A  
Address: 3110 NE 57TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Change ( ) Addition  
Name: TOMPKINS, TIMOTHY J  
Address: 11596 BLUFF RD  
City-St-Zip: TRAVERSE CITY, MI 49686

Title: D (X) Change ( ) Addition  
Name: DEL PIZZO, JOHN R  
Address: 832 PADDOCK DR  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AS ( ) Change (X) Addition  
Name: DAVIS, KIMBERLY  
Address: 401 E. LAS OLAS BLVD, STE. 1540  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: KIMBERLY DAVIS

AS

01/17/2008

Electronic Signature of Signing Officer or Director

Date