

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002137

FILED  
Jan 05, 2012  
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:

401 E LAS OLAS BLVD  
STE 1650  
FT LAUDERDALE, FL 33301

## Current Mailing Address:

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

## New Mailing Address:

401 E LAS OLAS BLVD  
STE 1650  
FT LAUDERDALE, FL 33301

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  
TALLAHASSEE, FL 32399 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

## OFFICERS AND DIRECTORS:

Title: CPD  
Name: MARIANO, STEVEN M  
Address: 401 E LAS OLAS BLVD #1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD  
Name: BRYANT, THEODORE G  
Address: 401 E LAS OLAS BLVD #1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD  
Name: SLUKA, MICHAEL J  
Address: 401 E LAS OLAS BLVD #1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D  
Name: MORRIS, CHARLES T  
Address: 198 E BAY STREET  
City-St-Zip: CHARLESTON, SC 429401

Title: D  
Name: DEL PIZZO, JOHN R  
Address: 2098 WEST CHESTER PIKE, SUITE 101  
City-St-Zip: BROOMALL, PA 19008

Title: D  
Name: GRANDSTAFF, MICHAEL  
Address: 401 E LAS OLAS BLVD #1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY DAVIS

AS

01/05/2012

Electronic Signature of Signing Officer or Director

Date