2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000067493

1. Entity Name
WARRANTECH HOME ASSURANCE COMPANY

Principal Place of Business	Mailing Address
2200 HIGHWAY 121 STE 100 BEDFORD, TX 76021	2200 HIGHWAY 121 STE 100 BEDFORD, TX 76021

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2285361
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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

000005490B9
05/13/06-80001-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	SAN ANTONIO, JOEL
STREET ADDRESS	2200 HIGHWAY 121 STE
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	CFOT
NAME	GAVINO, RICHARD F
STREET ADDRESS	2200 HIGHWAY 121 STE 100
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	VPSD
NAME	FOLZ, JEANINE
STREET ADDRESS	2200 HIGHWAY 121 STE 100
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	D
NAME	MORGANTEEN, JAMES
STREET ADDRESS	2200 HIGHWAY 121 STE 100
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ E.V.P. 4-27-06 817-785-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #