

1.) CORPORATION NAME:

DUE DATE: **3/31/2013**

**GAI WARRANTY COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1463647**

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	850

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 301 E. 4TH ST

CITY/ST/ZIP: CINCINNATI, OH 45202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: GERARD E FELDKAMP TITLE: PRES/ASST T ADDRESS: 301 E. 4TH ST CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EVE CUTLER ROSEN TITLE: VP/SECRETARY ADDRESS: 301 E. 4TH ST CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID J WITZGALL TITLE: T/VP ADDRESS: 301 E. 4TH ST CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: VICTOR G. VILLEGAS TITLE: VICE PRESIDENT ADDRESS: 301 E. 4TH ST CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID S. LEVINE TITLE: ASST SECRETARY ADDRESS: 301 E. 4TH ST CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: H. K. BAIRD TITLE: ASST. TREASURER ADDRESS: 301 E. 4TH ST. CITY/ST/ZIP/CO: CINCINNATI, OH 45202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD D. LARSON DIRECTOR 301 E. 4TH ST CINCINNATI, OH 45202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert J. Zbacnik ASST TREASURER 301 E. 4th St. Cincinnati, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Robert J.Zbacnik	Robert J.Zbacnik,	2/28/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.