

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 839735 (8)**

1. Corporation Name

**AMERIN GUARANTY CORPORATION**

Principal Place of Business

303 E. WACKER DRIVE, SUITE 900  
CHICAGO IL 60601

Mailing Address

303 E. WACKER DRIVE, SUITE 900  
CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/28/1977** 3a. Date of Last Report **01/31/1994**

4. FEI Number **23-1922977** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

22

Zip

Country

City & State

27

Zip

Country

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>
NAME	<b>FRIEDMAN, GERALD L</b>
STREET ADDRESS	<b>303 EAST WACKER DR., SUITE 900</b>
CITY - ST - ZIP	<b>CHICAGO IL 60601</b>
TITLE	<b>D</b>
NAME	<b>GOLDBERG, ALAN E.</b>
STREET ADDRESS	<b>1251 AVE OF THE AMERICAS</b>
CITY - ST - ZIP	<b>NEW YORK NY 10020</b>
TITLE	<b>D</b>
NAME	<b>HOFFEN, HOWARD I.</b>
STREET ADDRESS	<b>1251 AVE OF THE AMERICAS</b>
CITY - ST - ZIP	<b>NEW YORK NY 10020</b>
TITLE	<b>D</b>
NAME	<b>CROMWELL, DAVID M</b>
STREET ADDRESS	<b>60 WALL STREET</b>
CITY - ST - ZIP	<b>NEW YORK NY 10280-0060</b>
TITLE	<b>D</b>
NAME	<b>KELLIHER, JAMES K.</b>
STREET ADDRESS	<b>767 FIFTH AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY 10153</b>
TITLE	<b>D</b>
NAME	<b>STEENBERG, RUSSELL W.</b>
STREET ADDRESS	<b>ONE OAK WAY</b>
CITY - ST - ZIP	<b>BERKLEY HEIGHTS NJ 07922</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Michael E. Klehm</b>
5.3 STREET ADDRESS	<b>767 Fifth Avenue</b>
5.4 CITY - ST - ZIP	<b>New York, NY 10153</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 an receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

**George G. Freudenstein 4/25/95**

**(312) 540-0078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER