

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **839735** (8)
1. Corporation Name
AMERIN GUARANTY CORPORATION



Principal Place of Business Mailing Address
~~300 E. WACKER DRIVE, SUITE 900
CHICAGO, IL 60601~~
**200 E. Randolph Dr., 49th Flr.
Chicago, IL 60601-7125**

3. Date Incorporated or Qualified **12/28/1977** 3a. Date of Last Report **05/01/1995**
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____
Signature of registered agent or principal officer of corporation (agent or officer) (Print name and title) (NOTE: Registered Agents' signature required when substituting)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, GERALD L	
STREET ADDRESS	303 EAST WACKER DR., SUITE 900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ALAN E.	
STREET ADDRESS	1251 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFEN, HOWARD I.	
STREET ADDRESS	1251 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROMWELL, DAVID M	
STREET ADDRESS	60 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260-0060	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEHM, MICHAEL E	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEENBERG, RUSSELL W.	
STREET ADDRESS	ONE OAK WAY	
CITY-ST-ZIP	BERKLEY HEIGHTS NJ 07922	

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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Peter H. Gleason
4.3 STREET ADDRESS	955 Lexington Avenue
4.4 CITY-ST-ZIP	New York, NY 10620-0060
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	George G. Freudenstein
5.3 STREET ADDRESS	200 East Randolph Drive, 49th Floor
5.4 CITY-ST-ZIP	Chicago, IL 60601-7125
6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Randolph C. Sailer II
6.3 STREET ADDRESS	200 East Randolph Drive, 49th Floor
6.4 CITY-ST-ZIP	Chicago, IL 60601-7125

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 119.07(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 the 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 on an attachment to an address.

SIGNATURE: *George G. Freudenstein* George G. Freudenstein 4/25/96 (312) 540-0078
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date New Phone #

CR2E034 (12/95)