

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 839735 (8)**  
 1. Corporation Name  
**AMERIN GUARANTY CORPORATION**



Principal Place of Business <b>200 E. RANDOLPH DR                  49TH FLOOR                  CHICAGO IL 60601-7125                  US</b>	Mailing Address <b>200 E. RANDOLPH DR                  CHICAGO IL 60601-7125                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/28/1977**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
24. Country	30. Country

4. FEI Number <b>23-1922977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, GERALD L</b>
STREET ADDRESS	<b>200 E RANDOLPH DR 49TH FLOOR</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	D <input type="checkbox"/> DELETE
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	D <input type="checkbox"/> DELETE
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	D <input type="checkbox"/> DELETE
NAME	<b>PETER H. GLEASON</b>
STREET ADDRESS	<b>955 LEXINGTON AVE</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>GEORGE G. FREUDENSTEIN</b>
STREET ADDRESS	<b>200 EAST RANDOLPH DR., 49TH FLOOR</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>RANDOLPH C. SAILER, II</b>
STREET ADDRESS	<b>200 EAST RANDOLPH DR., 49TH FLOOR</b>
CITY-ST-ZIP	<b>CHICAGO IL</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>David I. Vickers</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address.

SIGNATURE: *David I. Vickers* **4/28/98** **312-540-4892**

CR2E034 (10/97)