2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2000 8:00 am
Secretary of State

02-29-2000 90159 041 ***150.00

DOCUMENT # 839735

1. Entity Name

AMERIN GUARANTY CORPORATION

Principal Place of Business	Mailing Address
200 E. RANDOLPH DR 49TH FLOOR CHICAGO IL 60601-7125 US	200 E. RANDOLPH DR CHICAGO IL 60601-6436 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1601 Market St	1601 Market St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Philadelphia PA	City & State: Philadelphia PA
Zip: 19103 Country: Philadelphia	Zip: 19103 Country: Philadelphia

4. FEI Number 23-1922977 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name: Department of Insurance Street Address (P.O. Box Number is Not Acceptable): Service Processing 200 E. Gaines Street City: Tallahassee FL Zip Code: 32399-4201

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD ☑ Delete	TITLE	President ☐ Change ☑ Addition
NAME	FRIEDMAN, GERALD L	NAME	Roy J. Kasmar
STREET ADDRESS	200 E RANDOLPH DR 49TH FLOOR	STREET ADDRESS	18 Harrison Lane
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	Newtown Square PA 19073
TITLE	D ☑ Delete	TITLE	CFO, Exec. VP Treasurer ☐ Change ☑ Addition
NAME	GOLDBERG, ALAN E.	NAME	C. Robert Quint.
STREET ADDRESS	1251 AVE OF THE AMERICAS	STREET ADDRESS	15 Pikes Way
CITY-ST-ZIP	NEW YORK NY 10020	CITY-ST-ZIP	Cheltenham PA 19012
TITLE	D ☑ Delete	TITLE	Secretary, General Counsel, Sr. VP ☐ Change ☑ Addition
NAME	HOFFEN, HOWARD I.	NAME	Howard S Yaruss
STREET ADDRESS	1251 AVE OF THE AMERICAS	STREET ADDRESS	328 S Smedley St.
CITY-ST-ZIP	NEW YORK NY 10020	CITY-ST-ZIP	Phila PA 19103
TITLE	PD ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	KASMAR, ROY J	NAME	
STREET ADDRESS	200 E. RANDOLPH DR -49TH FLR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601-7125	CITY-ST-ZIP	
TITLE	TD ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	VICKERS, D I	NAME	
STREET ADDRESS	200 EAST RANDOLPH DR., 49TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	SD ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	RANDOLPH C. SAILER , II	NAME	
STREET ADDRESS	200 EAST RANDOLPH DR., 49TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ C. Robert Quint 1/18/2000 215-564-6600 Ext 3407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #