

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/

**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

2. Principal Place of Business

3. Mailing Address

1601 Market St  
 Suite, Apt. #, etc.

1601 Market St.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

23-1922977

Applied For

Philadelphia PA

Philadelphia PA

Not Applicable

Zip 19103

Country Philadelphia

Zip 19103

Country Philadelphia

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  
 NAME FRIEDMAN, GERALD L  
 STREET ADDRESS 200 E RANDOLPH DR 49TH FLOOR  
 CITY-ST-ZIP CHICAGO IL

TITLE President  Change  Addition  
 NAME Roy J. Kasmar  
 STREET ADDRESS 18 Harrison Lane  
 CITY-ST-ZIP Newtown Square PA 19073

TITLE D  Delete  
 NAME GOLDBERG, ALAN E.  
 STREET ADDRESS 1251 AVE OF THE AMERICAS  
 CITY-ST-ZIP NEW YORK NY 10020

TITLE CFO, Exec. VP Treasurer  Change  Addition  
 NAME C. Robert Quint  
 STREET ADDRESS 15 Pikes Way  
 CITY-ST-ZIP Chesterham PA 19012

TITLE D  Delete  
 NAME HOFFEN, HOWARD I.  
 STREET ADDRESS 1251 AVE OF THE AMERICAS  
 CITY-ST-ZIP NEW YORK NY 10020

TITLE Secretary, General Counsel, Sr. VP  Change  Addition  
 NAME Howard S. Yarus  
 STREET ADDRESS 328 S Smedley St.  
 CITY-ST-ZIP Phila. PA 19103

TITLE PD  Delete  
 NAME KASMAR, ROY J  
 STREET ADDRESS 200 E. RANDOLPH DR -49TH FLR  
 CITY-ST-ZIP CHICAGO IL 60601-7125

TITLE  Change  Addition

TITLE TD  Delete  
 NAME VICKERS, D I  
 STREET ADDRESS 200 EAST RANDOLPH DR., 49TH FLOOR  
 CITY-ST-ZIP CHICAGO IL

TITLE  Change  Addition

TITLE SD  Delete  
 NAME RANDOLPH C. SAILER, II  
 STREET ADDRESS 200 EAST RANDOLPH DR., 49TH FLOOR  
 CITY-ST-ZIP CHICAGO IL

TITLE  Change  Addition

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*  
 C. Robert Quint

Date

Daytime Phone #

1/18/2000 215-564-6600 Ext 3407

CFR2E034 (9/99)