FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23660 (4)

1. Corporation Name

UNITED GUARANTY COMMERCIAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
230 N ELM STREET GREENSBORO NC 27401	230 N ELM STREET GREENSBORO NC 27401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1989
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 42-0994960 ☐ 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

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	☐ Change	☒ Addition
NAME	REID, CHARLES MURRY	1.2 NAME		
STREET ADDRESS	230 N ELM STREET	1.3 STREET ADDRESS		27401
CITY-ST-ZIP	GREENSBORO NC	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	☐ Change	☒ Addition
NAME	GRAY, RICHARD LYNN	2.2 NAME		
STREET ADDRESS	230 N ELM STREET	2.3 STREET ADDRESS		27401
CITY-ST-ZIP	GREENSBORO NC	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	☐ Change	☒ Addition
NAME	WILLIAMS, FLOYD LEE	3.2 NAME		
STREET ADDRESS	230 N ELM STREET	3.3 STREET ADDRESS		27401
CITY-ST-ZIP	GREENSBORO NC	3.4 CITY-ST-ZIP		
TITLE	VTD	4.1 TITLE	☐ Change	☒ Addition
NAME	LEONARD, LUTHER GARY	4.2 NAME		
STREET ADDRESS	230 N ELM STREET	4.3 STREET ADDRESS		27401
CITY-ST-ZIP	GREENSBORO NC	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	☐ Change	☒ Addition
NAME	GREENBERG, MAURICE RAY	5.2 NAME		
STREET ADDRESS	70 PINE STREET	5.3 STREET ADDRESS		10270
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	☐ Change	☒ Addition
NAME	MATTHEWS, EDWARD EASTON	6.2 NAME		
STREET ADDRESS	70 PINE STREET	6.3 STREET ADDRESS		10270
CITY-ST-ZIP	NEW YORK NY	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 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: Floyd L. Williams Floyd L. Williams 2/17/95 910/333-0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #

0477601 FP