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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 27401-2436**

3. Date Incorporated or Qualified **03/30/1989** 3a. Date of Last Report **03/06/1996**
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

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	REID, CHARLES MURRY	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	☐ DELETE
NAME	GRAY, RICHARD LYNN	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	☐ DELETE
NAME	WILLIAMS, FLOYD LEE	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	VTD	☐ DELETE
NAME	LEONARD, LUTHER GARY	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	D	☐ DELETE
NAME	GREENBERG, MAURICE RAY	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	MATTHEWS, EDWARD EASTON	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	27401
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	27401
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	27401
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	27401
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	10270
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	10270

14. I do 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:

Floyd L. Williams **FLOYD L. WILLIAMS** 2/14/97 (910) 333-0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)