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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF ST...
Katherine Harris
Secretary of State
DIVISION OF CORPORATIO...

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90247 043 ***150.00

DOCUMENT # P23660

1. Corporation Name
UNITED GUARANTY MORTGAGE INDEMNITY 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 Qualifed: 03/30/1989

2. Principal Place of Business	2a. Mailing Address
21	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. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REID, CHARLES MURRY		1.2 NAME		
STREET ADDRESS	230 N ELM STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, RICHARD LYNN		2.2 NAME		
STREET ADDRESS	230 N ELM STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, FLOYD LEE		3.2 NAME		
STREET ADDRESS	230 N ELM STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		3.4. CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, LUTHER GARY		4. 2 NAME		
STREET ADDRESS	230 N ELM STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, MAURICE RAY		5.2 NAME		
STREET ADDRESS	70 PINE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, EDWARD EASTON		6.2 NAME		
STREET ADDRESS	70 PINE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Floyd Williams Vice-President 2/19/99 336/333-0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Floyd L. Williams