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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **819534** **(9)**

1. Corporation Name
UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF NORTH CAROLINA

Principal Place of Business	Mailing Address
230 N. ELM ST. P. O. BOX 20327 GREENSBORO NC 27420-0327	230 N. ELM ST. P. O. BOX 20327 GREENSBORO NC 27420-0327

3. Date Incorporated or Qualified: 04/26/1966
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: 56-0789396 ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent & print title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RIDENOUR, WILLAIM E.	1.2 NAME	
STREET ADDRESS	230 N. ELM ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO N.	1.4 CITY-ST-ZIP	
TITLE	VC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, GERALD S.	2.2 NAME	
STREET ADDRESS	230 N. ELM ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO FL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, DANIEL T.	3.2 NAME	
STREET ADDRESS	230 N. ELM ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO N.	3.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME	WHICKER, WILLIAM D.	4.2 NAME	Waddell, Hal Gordon III
STREET ADDRESS	230 N. ELM ST.	4.3 STREET ADDRESS	230 North Elm St.
CITY-ST-ZIP	GREENSBORO FL	4.4 CITY-ST-ZIP	Greensboro, NC 27401
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TUCK, ELIZABETH MARGARET	5.2 NAME	
STREET ADDRESS	70 PINE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, FLOYD L.	6.2 NAME	
STREET ADDRESS	230 N. ELM ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO N.	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 2-25-97 910-333-0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #