

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90100 027 ***150.00

DOCUMENT # **819534**

1. Corporation Name

**UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF
NORTH CAROLINA**

Principal Place of Business

230 N. ELM ST.
P. O. BOX 20327
GREENSBORO NC 27420-0327

Mailing Address

230 N. ELM ST.
P. O. BOX 20327
GREENSBORO NC 27420-0327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1966

4. FEI Number

56-0789396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

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

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

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 **AS** ☐ DELETE
NAME **RIDENOUR, WILLIAM E.**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO N.**

TITLE **VC** ☐ DELETE
NAME **CLARKE, GERALD S.**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO FL**

TITLE **V** ☐ DELETE
NAME **WALKER, DANIEL T.**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO N.**

TITLE **V** ☐ DELETE
NAME **WADDELL III, HAL G**
STREET ADDRESS **230 NORTH ELM ST**
CITY-ST-ZIP **GREENSBORO NC**

TITLE **S** ☐ DELETE
NAME **TUCK, ELIZABETH MARGARET**
STREET ADDRESS **70 PINE ST**
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☐ DELETE
NAME **WILLIAMS, FLOYD L.**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO N.**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Ridenour, William E. (misspelled)**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 L. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Floyd L Williams 2-6-99 336-333-0247
Date Daytime Phone #

CR2E034 (11/98)