

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90016 013 ***150.00

0503005
AT

DOCUMENT # 819534

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0789396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	RIDENOUR, WILLIAM E	
STREET ADDRESS	230 N. ELM ST.	
CITY-ST-ZIP	GREENSBORO N.	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CLARKE, GERALD S.	
STREET ADDRESS	230 N. ELM ST.	
CITY-ST-ZIP	GREENSBORO FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WALKER, DANIEL T.	
STREET ADDRESS	230 N. ELM ST.	
CITY-ST-ZIP	GREENSBORO N.	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WADDELL III, HAL G	
STREET ADDRESS	230 NORTH ELM ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH MARGARET	
STREET ADDRESS	70 PINE ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, FLOYD L	
STREET ADDRESS	230 N. ELM ST.	
CITY-ST-ZIP	GREENSBORO N.	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 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

Vice President 2-20-02 336-333-0247

Date

Daytime Phone #

CR2E034 (9/01)