


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90039 027 \*\*\*150.00

<b>DOCUMENT # 819534</b> 1. Entity Name <b>UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF NORTH CAROLINA</b>					
Principal Place of Business <b>230 N. ELM ST. P. O. BOX 20327 GREENSBORO, NC 27420-0327</b>			Mailing Address <b>230 N. ELM ST. P. O. BOX 20327 GREENSBORO, NC 27420-0327</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>56-0789396</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name <b>The Prentice-Hall Corporation System, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hayer St, Suite 105</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Floyd L. Williams</i></u> DATE <u><i>2-24-04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS RIDENOUR, WILLIAM E 230 N. ELM ST. GREENSBORO, N.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPC CLARKE, GERALD S. 230 N. ELM ST. GREENSBORO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WALKER, DANIEL T. 230 N. ELM ST. GREENSBORO, N.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WADDELL III, HAL G 230 NORTH ELM ST GREENSBORO, NC	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUCK, ELIZABETH MARGARET 70 PINE ST NEW YORK, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, FLOYD L. 230 N. ELM ST. GREENSBORO, N.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Floyd L. Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>2-24-04</i></u> <u><i>336-333-0247</i></u> <small>Date      Daytime Phone #</small>		