

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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**



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**THE PRENTICE HALL CORP. SYSTM., INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000270191
03/19/05-80041-007 150.00**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05

Date

336-333-0247

Daytime Phone #