

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90048 015 ***150.00

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**

40011912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

58-0789396

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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, NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
NC

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVPC
CLARKE, GERALD S.
230 N. ELM ST.
GREENSBORO, NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
NC

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVP
WALKER, DANIEL T.
230 N. ELM ST.
GREENSBORO, NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
NC

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
Smith, Brian J

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Brian Smith* **Brian Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

336-333-0419

Date

Daytime Phone #