2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 819534 1. Entity Name UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OFNORTH CAROLINA						02-08-20	07 90048	3 013 ****.	150.00
Principal Plac	ce of Business	Mailing Address			400	11912			
230 N. ELM		230 N. ELM ST.			70.				
P. O. BOX 20		P. O. BOX 20327							
	RO, NC 27420-0327	GREENSBORO, NC 2742	20-0327						
		·				1918 1819 1819 188 BI	(E)		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. ∉, etc.			01082007	Chg-P	CR2E	034 (12/06)	
City & Stat	le	City & State			4. FEI Number				pplied For
7in	Country	Zip Country			<u>5</u> 6-0789	1396			ot Applicable
Zip	Country	Zip	Country		5. Certificate o	of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent	
			Name					•	
	NTICE HALL CORP. SYSTM., I	NC.	Street 4	Address (f	2 O Box Number	is Not Acceptab	(a)		
1201 HAY STE. 105	ES S1.		3,000	1001030 (1			, re)		
	SSEE, FL 32301					:	•		
	,		City					Zip Coc	ما
			J.,			_	FL	- 2.000	~
	named entity submits this statement fo	r the purpose of changing its r	egistered office o	r register	ed agent, or both	, in the State of F	Porida. Lam	familiar with	and accept
rue opliga	tions of registered agent.	_	1-11	r ())				
SIGNATURE.			1 1 '		<u> </u>				
	Signature, typed or printed name of Epistered agent in	and title il applicable. (NOTE:	Registered Agent signs	ture required	wnen reinstabng)		DATE		
FIL After M	.E NOW!!! FEE IS 150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contril			00 May Be ad to Fees	.M 1 10			
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12. Thereby 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 eath; 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	X Brian Swith	Brian Smith	1-8-07	336-333-041
	SIGNATURE AND TYPED OR PRINTED HAM	E OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #